

Appendix H

Acceptable Documents for Proof of U.S. Citizenship

H-1. The following documents are acceptable for proof of U.S. citizenship in accordance with AR 380-67, appendix B-4d and paragraph 3-10a, this pamphlet:

a. Birth Certificate

- Delayed birth certificate
- Notice from the registrar that no birth record exists plus secondary evidence. Secondary evidence may include the below listed documents and should have been created as close to the time of birth as possible:
 - Baptismal certificate
 - Certificate of circumcision
 - Hospital birth record
 - Affidavits of person having personal knowledge of the birth
 - Census record
 - School records
 - Family bible records
 - Newspaper files
 - Insurance papers

b. Certificate of naturalization

c. Certificate of citizenship issued by INS

d. Report of birth abroad


e. Passport

f. DD Form 1966/5, item 41c, August 1985 edition

g. DD Form 1966/2, item 29c, Jan 89 edition

h. CCF computer-generated DA Form 873

H-2. Samples of acceptable documents for verification of US citizenship.

BIRTH CARD CERTIFICATION	
KENTUCKY DEPARTMENT FOR HEALTH SERVICES	
REGISTRAR OF VITAL STATISTICS	
BIRTH NUMBER 116-60-29839-26	
NAME OMAR E. GREENMAN	SEX MALE
BIRTHDATE 6-11-1926	BIRTHPLACE Mt. Vernon County, Kentucky
RECORD FILED	DATE ISSUED 10-11-83
CARD NUMBER 0000	
 SAMPLE (MAR L. GREENMAN, STATE REGISTRAR)	

THIS CERTIFICATION IS A TRUE ABSTRACT OF THE ORIGINAL BIRTH RECORD OF THE PERSON NAMED ON THE REVERSE: WHICH RECORD IS ON FILE WITH AND IN OFFICIAL CUSTODY OF THE STATE REGISTRAR OF VITAL STATISTICS AT FRANKFORT, KENTUCKY.

ISSUED UNDER AUTHORITY OF CHAPTER 213
KENTUCKY REVISED STATUTES.

STATE OF MICHIGAN																											
DEPARTMENT OF PUBLIC HEALTH																											
LF 000001	STATE FILE NUMBER																										
CF	CERTIFICATE OF LIVE BIRTH																										
455013B																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CHILD - NAME (FIRST) JOHN (MIDDLE) LEE (LAST) DOW</td> </tr> <tr> <td>SEX MALE</td> <td>DATE OF BIRTH 6-4-1901 HOUR 12:00PM</td> </tr> <tr> <td colspan="2">HOSPITAL NAME - IF NOT HOSPITAL GIVE STREET AND NUMBER OUTER DRIVE HOSPITAL</td> </tr> <tr> <td>CITY, VILLAGE, OR TOWNSHIP OF BIRTH LINCOLN PARK</td> <td>COUNTY OF BIRTH WAYNE</td> </tr> <tr> <td colspan="2">I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE</td> </tr> <tr> <td>SIGNATURE DR. WALTER SMITH</td> <td>DATE 6-2-1901</td> </tr> <tr> <td>CERTIFIER NAME AND TITLE (PRINT OR TYPE) DR. WALTER SMITH</td> <td>MAILING ADDRESS (ST. NO., CITY OR VILLAGE, STATE, ZIP) 48146</td> </tr> <tr> <td>REGISTRAR'S SIGNATURE Irvin B. Birtel</td> <td>DATE RECEIVED BY LOCAL REGISTRAR - DAY YEAR April 6, 1901</td> </tr> <tr> <td colspan="2">MOTHER - MAIDEN NAME MARY LOU JONES SOCIAL SECURITY NUMBER 111-111-3647 AGE AT TIME OF THIS BIRTH 22 STATE OF BIRTH MICH.</td> </tr> <tr> <td colspan="2">FATHER - NAME HENRY JOHN DOW SOCIAL SECURITY NUMBER 222-333-4786 AGE AT TIME OF THIS BIRTH 23 STATE OF BIRTH MICH.</td> </tr> <tr> <td colspan="2">I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF</td> </tr> <tr> <td>SIGNATURE MARY DOW</td> <td>DATE 6-3-1901</td> </tr> <tr> <td colspan="2" style="text-align: right;">RELATION TO CHILD MOTHER</td> </tr> </table>		CHILD - NAME (FIRST) JOHN (MIDDLE) LEE (LAST) DOW		SEX MALE	DATE OF BIRTH 6-4-1901 HOUR 12:00PM	HOSPITAL NAME - IF NOT HOSPITAL GIVE STREET AND NUMBER OUTER DRIVE HOSPITAL		CITY, VILLAGE, OR TOWNSHIP OF BIRTH LINCOLN PARK	COUNTY OF BIRTH WAYNE	I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE		SIGNATURE DR. WALTER SMITH	DATE 6-2-1901	CERTIFIER NAME AND TITLE (PRINT OR TYPE) DR. WALTER SMITH	MAILING ADDRESS (ST. NO., CITY OR VILLAGE, STATE, ZIP) 48146	REGISTRAR'S SIGNATURE Irvin B. Birtel	DATE RECEIVED BY LOCAL REGISTRAR - DAY YEAR April 6, 1901	MOTHER - MAIDEN NAME MARY LOU JONES SOCIAL SECURITY NUMBER 111-111-3647 AGE AT TIME OF THIS BIRTH 22 STATE OF BIRTH MICH.		FATHER - NAME HENRY JOHN DOW SOCIAL SECURITY NUMBER 222-333-4786 AGE AT TIME OF THIS BIRTH 23 STATE OF BIRTH MICH.		I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF		SIGNATURE MARY DOW	DATE 6-3-1901	RELATION TO CHILD MOTHER	
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Certification of Birth issued by the Department of State FS-545

Issued by U.S. embassies and consulates overseas to
United States citizens born abroad.

**DEPARTMENT OF STATE
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA**

Certification of Birth Abroad
of a Citizen of the United States of America

This is to certify that according to records on file in this Office

_____ was born at _____
on _____ Report of Birth Registration

In Witness Whereof, I have hereunto subscribed my name and affixed the seal of the Consular Service of the United States
of America at _____
this _____ day of _____ 19____

(SEAL) _____ of the United States of America

WARNING: This certificate is not valid if it has been altered in any way whatsoever or if it does not bear the raised seal of the office of issuance.

Form FS-545
1-77

Certification of Birth issued by the Department of State DS-1350

Issued by the U.S. Department of State to
United States citizens born abroad.

**DEPARTMENT OF STATE
WASHINGTON, D.C.**

Certification of Birth Abroad
of a Citizen of the United States of America

This is to certify that according to records on file in the Department of State

_____ was born at _____
on _____ Report of Birth Registration

In Witness Whereof, I have hereunto caused the Seal of the Department of State to be affixed and my name subscribed by
the Authentication Officer of the said Department at _____
day of _____ 19____

(SEAL) _____ Secretary of State

By _____ Authentication Officer, Department of State

WARNING: This certificate is not valid if it has been altered in any way whatsoever or if it does not bear the raised seal of the Department of State.

Form DS-1350
1-79

Certificate of Naturalization N-550 or N-570

Issued by INS to naturalized United States citizens.

THE UNITED STATES OF AMERICA

CERTIFICATE OF NATURALIZATION

No. 9416611

ORIGINAL

Application No. _____

Personal description of holder as of date of naturalization or date of birth

Height _____ Weight _____ Complexion _____ Eyes _____ Hair _____

Place of birth _____ *Country of present residence* _____

I certify that the description above given is true, and that the photograph affixed hereto is a like image of me

(Signature of holder) _____

Notary Public _____

Notary Seal _____

IT IS PUNISHABLE BY U. S. LAW TO COPY, PRINT OR PHOTOGRAPH THIS CERTIFICATE.

Certificate of United States Citizenship N-560

Issued by INS to individuals who derived citizenship through parental naturalization; acquired citizenship at birth abroad through a United States parent or parents; acquired citizenship through application by United States citizen adoptive parents; and who, pursuant to section 341 of the Act, have applied for a certificate of citizenship.

THE UNITED STATES OF AMERICA

CERTIFICATE OF UNITED STATES CITIZENSHIP

No. A0000000

DUPLICATE

Application No. _____

Personal description of holder as of date of issuance of this certificate

Height _____ Weight _____ Complexion _____ Eyes _____ Hair _____

Place of birth _____ *Country of present residence* _____

I certify that the description above given is true, and that the photograph affixed hereto is a like image of me

(Signature of holder) _____

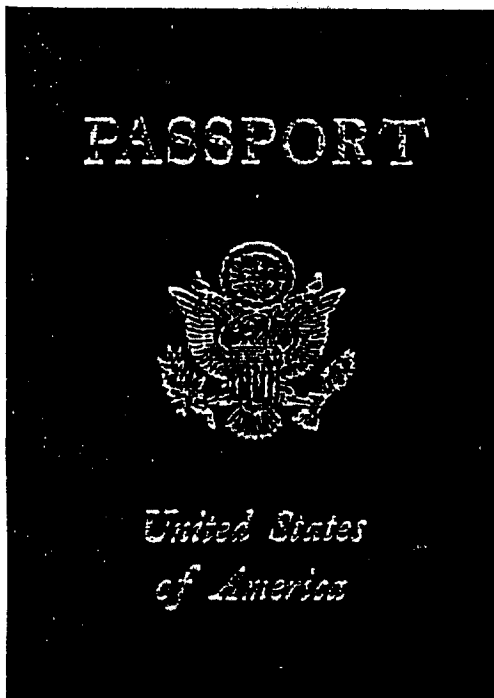
Notary Public _____

Notary Seal _____

IT IS PUNISHABLE BY U. S. LAW TO COPY, PRINT OR PHOTOGRAPH THIS CERTIFICATE.

United States Passport

Issued by the Department of State to United States citizens and nationals.



*The Secretary of State
of the United States of America
hereby requests aid whom it may concern to permit the entry of
national of the United States named herein to pass
without delay or hindrance and in case of need to
give all lawful aid and protection.*

..... Les Spectres d'Etat
 Les Virtus et d'Amorose
 prie par les présents d'être autorisés à compulser de laisser passer
 le citoyen ou l'étranger et les d'Etat, sans aucun doute par rapport,
 sans délai ni difficulté et, en cas de besoin, de lui accorder
 toute aide et protection légitime.

SIGNATURE OF HEARTH SIGNATURE OF LOUISIANA

PARSONS
PARSONS

UNITED STATES OF AMERICA

012086530

3 TRAVELERS

HAPPY

University, London

UNITED STATES AIR FORCE

Name of Lic. Pr. / Date: 08/03/2014 17:00

09 FEB/FEV 61

[illegible]

FLORIDA, U.S.A.

0.0

14 JUL/JUL 88

PASSPORT AGENCY

WASHINGTON, D.C.

SEE PAGE

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H-3. U.S. Vital Statistics Offices and application form for certified copy of birth certificate.

U.S. VITAL STATISTICS OFFICES

The fees listed below are for single copies only and are subject to change. Current information may be obtained, as appropriate, from the Vital Statistics Office of the state or area in which the birth occurred. Current telephone numbers are provided. Written requests for copies of birth certificates should be sent to "Vital Statistics Office" at one of the following addresses.

ALABAMA/\$5.00
State Dept. of Public Health, Montgomery
36130-1701 (205) 261-6033

ALASKA/\$5.00
Dept. of Health and Social Services, Bureau of
Vital Statistics, P.O. Box H, Juneau 99811-0678
(907) 465-3391

AMERICAN SAMOA/\$2.00
Registrar of Vital Statistics, Pago Pago 96799
(684) 633-1222, ext. 214

ARIZONA/\$5.00
State Dept. of Health, P.O. Box 3887, Phoenix
85030 (602) 265-1072

ARKANSAS/\$5.00
State Dept. of Health, Little Rock 72201
(501) 661-2336

CALIFORNIA/\$11.00
State Dept. of Public Health, 410 N St.,
Sacramento 95814 (916) 445-2684

CANAL ZONE/\$2.00
Panama Canal Commission, APO Miami,
Florida 34011 (507) 552-7884

COLORADO/\$10.00
Colorado Dept. of Health, Denver 80230
(303) 331-4850

CONNECTICUT/\$2.00
State Dept. of Health, 150 Washington St.,
Hartford 06106 (203) 566-1124

DELAWARE/\$5.00
State Dept. of Health and Social Services, Dover
19901 (302) 736-4721

DISTRICT OF COLUMBIA/\$5.00
D.C. Dept. of Human Resources, Vital Records
Section, Washington 20001 (202) 737-5314

FLORIDA/\$5.00
Office of Vital Statistics, P.O. Box 216,
Jacksonville 32231 (904) 558-6920

GEORGIA/\$3.00
Dept. of Human Resources, Vital Records
Services, Atlanta 30334 (404) 656-7456

GUAM/\$5.00
Dept. of Public Health and Social Services,
P.O. Box 2816, Agaña 96910 (671) 754-2544

HAWAII/\$2.00
State Dept. of Health, P.O. Box 3378, Honolulu
96801 (808) 548-5819

IDaho/\$5.00
Bureau of Vital Statistics, Statehouse, Boise
83720 (208) 334-5950

ILLINOIS/\$15.00
Division of Vital Records, 806 Jefferson St.,
Springfield 62702 (317) 782-6553

INDIANA/\$5.00
State Dept. of Health, P.O. Box 1964,
Indianapolis 46206 (317) 683-0274

IOWA/\$5.00
State Dept. of Health, Des Moines 50319
(515) 281-4944

KANSAS/\$5.00
Bureau of Vital Statistics, 900 S.W. Jackson,
Topeka 66620-1200 (913) 295-1400

KENTUCKY/\$5.00
Dept. of Human Resources, Vital Statistics, 275
E. Main St., Frankfort 40621 (502) 564-4213

LOUISIANA/\$5.00
Office of Vital Records, P.O. Box 90630,
New Orleans 70160 (504) 568-2567

MAINE/\$5.00
State Dept. of Health and Welfare, Augusta
04333 (207) 289-3184

MARYLAND/\$4.00
Division of Vital Records, P.O. Box 13146,
Baltimore 21203 (800) 832-3277

MASSACHUSETTS/\$5.00
Registrar of Vital Statistics, Boston 02111
(617) 727-0110

MICHIGAN/\$10.00
Office of Vital and Health Statistics, Lansing
48909 (517) 335-8656

MINNESOTA/\$11.00
State Dept. of Health, Minneapolis 55440
(612) 625-5131

MISSISSIPPI/\$10.00
State Board of Health, Jackson 39206
(601) 980-7866

MISSOURI/\$4.00
Dept. of Health, Bureau of Vital Records,
Jefferson City 65102 (314) 751-6367

MONTANA/\$5.00
State Dept. of Health, Helena 59620
(406) 444-2614

NEBRASKA/\$5.00
State Dept. of Health P.O. Box 96007, Lincoln
68509-9007 (402) 471-2871

NEVADA/\$5.00
State Dept. of Vital Statistics, 505 E. King St.,
Rm. 102, Carson City 89710 (702) 885-4450

NEW HAMPSHIRE/\$3.00
Health & Welfare Bldg., Hasen Dr., Concord
03301 (603) 271-4664

NEW JERSEY/\$4.00
State Dept. of Health, Trenton 08625
(609) 292-4067

NEW MEXICO/\$10.00
New Mexico Health and Environment Dept.,
P.O. Box 906, Santa Fe 87504-0906
(505) 827-0121

NEW YORK/\$15.00
State Dept. of Health, Albany 12237
(518) 474-3077

NEW YORK CITY/\$5.00
Dept. of Health of New York City, New York City
10013 (212) 265-9603

NORTH CAROLINA/\$5.00
State Board of Health, P.O. Box 2091, Raleigh
27602 (919) 733-3626

NORTH DAKOTA/\$7.00
Division of Vital Records, Bismarck 58505
(701) 224-2360

OHIO/\$7.00
State Dept. of Health, Columbus 43266-0118
(614) 466-2631

OKLAHOMA/\$5.00
State Dept. of Health, P.O. Box 53551,
Oklahoma City 73152 (405) 271-4040

OREGON/\$5.00
State Board of Health, Portland 97207-0218
(503) 229-5710

PENNSYLVANIA/\$4.00
State Dept. of Health, New Castle 16105
(412) 656-5126

Puerto Rico/\$2.00
Dept. of Health, P.O. Box 9342, San Juan 00906
(809) 725-7960

RHODE ISLAND/\$5.00
State Dept. of Health, Providence 02906
(401) 277-2811

SOUTH CAROLINA/\$5.00
State Dept. of Health, Columbia 29201
(803) 734-4830

SOUTH DAKOTA/\$5.00
State Dept. of Health Vital Records, Pierre
57501-3182 (605) 773-4961

TENNESSEE/\$10.00
State Dept. of Public Health, Nashville 37219-
5402 (615) 741-1765

TEXAS/\$5.00
State Dept. of Health, Austin 78756-3191
(512) 456-7452

UTAH/\$11.00
State Dept. of Health, Salt Lake City 84116-0700
(801) 534-4100/(801) 534-4100

VERMONT/\$5.00
Public Health Statistics Division, Dept. of
Health, Burlington 05402 (802) 863-7275

VIRGINIA/\$5.00
Division of Vital Records, P.O. Box 1000,
Richmond 23208-1000 (804) 786-8228

VIRGIN ISLANDS/\$5.00
St. Thomas Registrar of Vital Statistics,
St. Thomas 00801 (809) 774-9000, ext. 218
St. Croix Registrar of Vital Statistics, St. Croix
(809) 773-4050

WASHINGTON/\$11.00
Vital Records, P.O. Box 9709, Olympia
98504-9709 (206) 753-5936

WEST VIRGINIA/\$5.00
State Dept. of Health, Charleston 25306
(304) 345-2931

WISCONSIN/\$5.00
Division of Health, Madison
53701-0309 (608) 266-1371

WYOMING/\$5.00
Division of Health and Medical Services,
Cheyenne 82002 (307) 777-7591

**COMMONWEALTH OF THE NORTHERN
MARIANA ISLANDS/\$2.50**
Director, Medical Services, Saipan, Mariana
Islands 96950 (670) 234-4401
Make check payable to Clerk of Court. Airmail
postage suggested.

PLEASE DETACH ALONG THIS LINE

PLEASE PRINT OR TYPE

TO: (See reverse)

FROM: (Current name and address)

I request a certified copy of my birth certificate to
to establish birth in the United States.

(Signature)

1. THE NAME UNDER WHICH I WAS BORN IS

2. PLACE OF BIRTH (City, town, county, and state)

3. NAME OF HOSPITAL

4. DATE OF BIRTH

5. SEX

6. RACE

7. NAME OF FATHER

8. NAME OF MOTHER (Include maiden name)

9. ENCLOSED IS (Do not send cash)

Certified Check for \$ _____

Money order for \$ _____

10. REMARKS

11. RETURN THIS FORM WITH BIRTH CERTIFICATE TO:

Appendix I
Standard Subject Interview Worksheet

STANDARD SUBJECT INTERVIEW WORKSHEET

NAME: _____ SSN: _____ DATE: _____

1. Introduction.

a. Identify yourself and your position to the subject.

b. State the purpose of the interview - Required by AR 380-67, Personnel Security Regulation, to confirm the accuracy of the information on the Standard Form 86 in order to assist DIS and CCF in conducting the investigation and determining subject's suitability for access to TS/SCI information. The sole function of the interview is to obtain information. Determining the relevance of this information or the significance of determining eligibility is done by other officials.

c. While it is necessary to obtain signed Privacy Act Advisement statement, explain the four main points of the Privacy Act of 1974: (1) Authority, (2) Principal purposes, (3) Routine uses, and (4) Voluntary nature of disclosure versus effects of not providing requested information.

d. The basis for the interview is the Standard Form 86 (September 1995 edition), and questions should follow the order of the form in most cases. Any questions not addressed below should center on the completeness and accuracy of information provided by the subject. If you receive a positive reaction to any question, explore it to the extent that you are satisfied that no additional information exists that could further enhance an understanding of the incident. Remember to use and answer the six basic interrogatives: Who, what, when, where, and how.

2. Standard Questions.

(Item numbers relate to the questions on the SF 86 (Security Clearance Application))

Item 1: Is the name on this application your complete legal name? (Yes/No).
Is your date and place of birth as indicated on this form correct? (Yes/No)

Item 2: Have you ever been known by any other name? (Yes/No). Have you ever had a name change as a result of a court action, marriage, divorce, etc.? (Yes/No) Have you ever used a stage or professional name? (Yes/No) _____

ATZK-PT FORM 3729, FEB 98

C1, USAARMC Pam 380-67 (12 Feb 98)

SUBJECT INTERVIEW WORKSHEET CONTINUED

NAME: _____

Have there been any changes in the spelling of your name? (Yes/No) Is the spelling the same as on your birth certificate/other documents? (Yes/No) _____

Item 3: Did your security manager verify your U.S. citizenship by checking your birth certificate, passport, certificate of naturalization, etc.? (Yes/No) Explain "No" answer if security manager stated on DD Form 1879 that one of the documents required to be provided by the subject was used. _____

Item 4: Have you listed all actual places of residence during the last 10 years? (Yes/No) In the last 10 years did you experience any difficulties with neighbors, landlords, roommates or member of the military with whom you have resided? (Yes/No) Would anyone attempt to discredit you during the course of this investigation? (Yes/No) _____

Item 5: In the last 10 years were you suspended or expelled from school for any reasons? (Yes/No) _____

Item 6: Have all periods of employment been listed for the last 10 years? (Yes/No) Did you include all part-time employment while in school or in the military? (Yes/No) _____

Item 7: Does the combined time period cover the 7 year scope of the investigation? (Yes/No) Are any of your references currently in the military? (Yes/No) If so, ensure rank and unit of assignment is listed. _____

Item 8: Have any/all former spouse(s) been listed? (Yes/No) Obtain full identifying data, including current or last known address. _____

Would your former spouse attempt to discredit you? (Yes/No) Obtain details if yes. _____

Item 8: Apart from family members, have you ever resided with another person with whom a close relationship exist or existed? (Yes/No) _____

Item 9: Are all members of your immediate family indicated (including guardians, step-parents, foster-parents, brothers, sisters, step-brothers, step-sisters, or others to whom you are bound by affection or obligations)? (Yes/No) _____

SUBJECT INTERVIEW WORKSHEET CONTINUED

NAME: _____

Item 10: Is your mother, father, sister, brother, child, current spouse or someone with whom you have a spouse like relationship a U.S. citizen other than birth, or an alien residing in the U.S.? (Yes/No) Obtain identifying data including name, age, occupation, address, citizenship, extent of contact and correspondence with the person. _____

Item 11: Are all periods of military service covered to include membership in the Reserves or National Guard and attendance at a military academy or ROTC? (Yes/No) _____

Items 12: Do you have any foreign business connections? (Yes/No) Have you ever owned any foreign property, bonds, stocks or land? (Yes/No) _____

Item 13: Have you ever worked for any foreign government, company, organization? (Yes/No) _____

Item 14: Has all foreign travel within the last 7 years outside the US to include Mexico or Canada been listed? (Yes/No) If "No" indicate where, when, how long, and for what purpose. In the last 7 years have you been involved in the black market or other illegal activities? (Yes/No) During that time did you experienced any problems with the police, customs, or passport officials; or had any illnesses while in a foreign country? (Yes/No) In the last 7 years have you been involved in an embarrassing, compromising, or questionable activity while in a foreign country? (Yes/No) If married, ask same questions in regards to spouse. _____

Item 17: Have you ever been discharged other than honorable conditions from the service? (Yes/No) _____

Item 19: In the last 7 years have you been a patient or had consultations with a psychiatrist, psychologist, or psychoanalyst? (Yes/No) (Do not include consultations involving martial, family or grief that was not violent) _____

Item 20: In the last 7 years have you had any difficulties with supervisors or co-workers? (Yes/No) In the last 7 years have you been fired or asked to resign from a job? (Yes/No) In the last 7 years have you left a job knowing you were going to be terminated for a cause? (Yes/No) Did you receive disciplinary action(such as demotion, transfer, reassignment, etc.) for job related misconduct such as fraud, embezzlement or submitting false claims/travel vouchers/timecards? (Yes/No) _____

SUBJECT INTERVIEW WORKSHEET CONTINUED

NAME: _____

Item 21: Ensure that all unfavorable involvement of subject with law enforcement agencies as an adult or juvenile is covered: Have you ever been charged with or convicted of any felony offense (Include those under the Uniform Code of Military Justice.)? (Yes/No) _____

Item 21: Have you ever been charged with income tax evasion or failure to file? (Yes/No) _____

Item 22: Have you ever been charged with or convicted of a firearms or explosive offense? (Yes/No) _____

Item 23: Are there currently any charges pending against you for any criminal offense? (Yes/No) _____

Item 24: Have you ever been charged with or convicted of any offenses related to alcohol or drugs? (Yes/No) _____

Item 25: In the last 7 years have you been subjected to court martial or other disciplinary proceedings under the Uniform Code of Military Justice to include non-judicial? (Yes/No) _____

Item 26: In the last 7 years have you been arrested for, charged with or convicted of any offense not listed in response to the other questions previously asked, except for traffic violations that were not drug or alcohol related? (Yes/No) Have you had your drivers license suspended or revoked within the last 7 years? (Yes/No) Were you charged with malicious mischief offenses? (Yes/No) Were you charged with crimes against the public peace? (Yes/No) Were you charged with any sex-related offenses? (Yes/No) Were you charged with any crimes against persons to include spouse or child abuse? (Yes/No) _____

Item 27: In the last 7 years or since your 16th birthday, whichever is shorter, have you experimented with, or been addicted to any narcotics, barbiturates, hallucinogens, or any dangerous or illegal drugs to include marijuana or hashish, LSD, Speed, etc.? (Yes/No) _____

Item 29: Have you ever been involved with the illegal purchase, manufacture, trafficking, productions, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another? (Yes/No) _____

SUBJECT INTERVIEW WORKSHEET CONTINUED

NAME: _____

Item 30: In the last 7 years have you used alcoholic beverage to an excess on a recurring basis? (Yes/No) In the last 7 years have you had any problems associated with your personal consumption of alcohol including police involvement, concerns by employee or supervisor, embarrassing situations, fights, or martial difficulties, referral to medical authority, counselor, or rehabilitative programs? (Yes/No) If there appears to be a drinking problem, obtain details of rate of consumption, behavior patterns, and any unfavorable information associated with drinking: _____

Item 30: In the last 7 years have you refused medical treatment or counseling as a result of your use of alcoholic beverages when so directed by competent authority? (Yes/No) _____

Item 34,35,36 and 37: In the last 7 years have you had any credit or financial difficulties, to include bad checks, collections, repossessions, delinquent accounts, suits, judgments, bankruptcies, or liens? (Yes/No) If subject's response indicates the need, obtain a complete financial statement, including income and expenses, with a listing of each creditor. _____

Item 36: In the past 7 years, have you failed to pay your taxes or failed to file your Federal or State income taxes when required by law? (Yes/No) _____

Item 37: In the past 7 years have you had any debts turned over to a collection agency? (Yes/No) Have you defaulted on any loans, including student loans? (Yes/No) Have you been evicted from a residence or left a residence owing money for utilities, rent or damages? (Yes/No) Have you had any credit cards recalled or canceled? (Yes/No) _____

Item 37: In the last 7 years have you engaged in frequent gambling to the extent that you incurred personal financial hardship, or gambling involving large sums of money? (Yes/No) _____

Item 38 and 39: In the last 7 years have you been over 180 days delinquent on any debts? (Yes/No) Are you currently 90 days delinquent on any debt(s)? (Yes/No) Do you pay your obligations on time? (Yes/No) _____

C1, USAARMC Pam 380-67 (12 Feb 98)

SUBJECT INTERVIEW WORKSHEET CONTINUED

NAME: _____

Item 41 and 42: Are you now or have you ever been affiliated with any organization, association, movement, group, or combination of persons who participate in or advocate to the violent overthrow of the U.S. Government? (Yes/No) Have you ever demonstrated, either legal or illegal against the U.S. Government? (Yes/No) _____

OTHER: Have you ever been subject of an official inquiry for disclosing classified information when not authorized to do so? (Yes/No) _____

Have you ever been the subject of an inquiry involving the loss or mishandling of classified material assigned to your control? (Yes/No) _____

Have you ever been approached to give or sell any Government classified or unclassified material to persons not authorized to receive it, or to engage in espionage or sabotage against the United States? (Yes/No) _____

Have you ever been approached by agents or representatives of a foreign government to provide any information? (Yes/No) _____

Are there any incidents or circumstances that could make you vulnerable to coercion or blackmail, or place you in an embarrassing position where pressure could be brought to bear? (Yes/No) Solicit information on any incident, condition, or fact that might negatively impact on the individual's character, reliability, suitability, trustworthiness, or loyalty. Examples are omission of any material facts, dishonest conduct, etc. _____

Do you consider yourself to be a loyal citizen to the United States of America? (Yes/No) _____

INTERVIEWED BY: _____

REPORT COMPLETED ON: _____

Appendix J
Designation of Sensitive Positions

J-1. Criteria for security designation of positions (extract from AR 380-67, paragraph 3-101).

a. The criteria to be applied in designating position sensitivity are:

(1) Critical-sensitive.

(a) Access to TOP SECRET information.

(b) Development or approval of plans, policies, or programs that affect the overall operations of the Department of Defense or of a DOD Component.

(c) Development or approval of war plans, plans or particulars of future major or special operations of war, or critical and extremely important items of war.

(d) Investigative and certain investigative support duties, the issuance or adjudication of personnel security clearance access authorizations, or the making of personnel security determinations.

(e) Fiduciary, public contact, or other duties demanding the highest degree of public trust.

(f) Duties falling under Special Access programs.

(g) Category I automated data processing (ADP) positions.

(h) Any other position so designated by the head of the component or designee.

(2) Noncritical-sensitive.

(a) Access to SECRET or CONFIDENTIAL information.

(b) Security police/provost marshal-type duties involving the enforcement of law and security duties involving the protection and safeguarding of DOD personnel and property.

(c) Category II automated data processing positions.

(d) Duties involving education and orientation of DOD personnel.

(e) Duties involving the design, operation, or maintenance of intrusion detection systems deployed to safeguard DOD personnel and property.

(f) Any other position so designated by the head of the component or designee.

b. All other positions shall be designated as nonsensitive.

J-2. Criteria for designating ADP positions and application of the criteria.

a. Three categories have been established for designating computer-related positions; ADP I, ADP II, and ADP III. Specific criteria for assigning positions to one of these categories as follows:

(1) ADP I.

(a) Responsibility for the development and administration of agency computer security programs, including direction and control of risk analysis and/or threat assessment.

(b) Significant involvement in life-critical, or installation or higher mission-critical systems.

(c) Responsibility for the preparation of approval of data for input into a system which does not necessarily involve personal access to the system, but with relatively high risk for affecting grave damage at installation or higher level, or realizing significant personal gain.

(d) Relatively high risk assignments associated with or directly involving accounting, disbursement, or authorization for disbursement from systems of (1) dollar amounts of \$10 million per year or greater, or (2) lesser amounts if the activities of the individual are not subject to technical review by higher authority in the ADP I category to ensure the integrity of the system.

(e) Positions involving major responsibility for the direction, planning, design, testing, maintenance, operation, monitoring, and/or management of systems hardware and software.

(f) Other positions as designated by the agency head that involve relatively high risk for effecting grave damage or realizing significant personal gain.

(2) ADP II. Responsibility for systems design, operation, testing, maintenance, and/or monitoring that is carried out under technical review of higher authority in the ADP I category, including, but is not limited to: access to and/or processing of proprietary data, information requiring protection under the Privacy Act of 1974, and government-developed privileged information involving the award of contracts, or; accounting,

disbursement, or authorization for disbursement from systems of dollar amounts less than \$10 million per year; other positions are designated by the agency head that involve a degree of access to system that creates a significant potential for damage or personal gain less than that in ADP I position.

(3) ADP III. All other positions involved in Federal computer activities.

b. Application of criteria for designating ADP positions. When determining the ADP category of a position, first ask two questions: (1) before the receipt of the computer equipment, did the incumbent of the position perform the same tasks and have access to the same information; and (2) if the computer was taken away, would the incumbent continue to perform the same tasks and have access to the same information? If the answer to one or both of the questions is yes, the position should be a category III. If the answer to both questions is no, the position would be a category I or II; so you would apply the appropriate criteria for category I or II.

(1) ADP I. You must consider the criticality of the system in regards to the installation/Army mission; involvement in life-critical functions; checks, balances, controls, and supervision involved in the functions; and the level of potential damage involved. Normally, only positions involving full time data processing functions would be considered for a category I designation.

(2) ADP II. Positions meeting criteria of ADP I position, but are performed under technical review of higher authority in the ADP I category. Computer operators of mainframe and minicomputers would fall into this category. This also includes system administrators.

(3) ADP III. This includes PC operators, terminal operators of office information systems, and terminal operators whose functions and access are restricted and controlled.

J-3. Detailed instructions for completing SF 52-B (see figure J-1).

a. Part A - Requesting Office.

(1) Item 1. Note the action requested and include the sensitivity designation as well as the security clearance required (i.e., Approval of position sensitivity designation of NCSS (noncritical-sensitive-SECRET)).

(2) Items 2 - 6. Self explanatory.

21, 12 Feb 98 b. Part B - For Preparation of SF ^{52B}50.

(1) Items 1 and 2. Incumbent's name and Social Security Number (SSN) should be annotated in pencil. If the position is presently vacant, indicate such.

(2) Items 3 - 6 should be left blank.

(3) Items 7 - 10 and 14. Self explanatory. Items 11 - 13 can be left blank.

(4) Item 15 - 22. Leave blank. If at a later date, the position title and number changes but the position sensitivity designation and justification remains the same, you can annotate the change in items 15 - 18 and 22 on the original SF 52-B and forward it to the Security Division.

(5) Items 23 - 51. Leave Blank

c. Part C - Reviews and Approvals. Leave blank. Part C will be used by the Security Division to reflect approval of your request.

d. Part D - Remarks by Requesting Office.

(1) Include specific justification for the sensitivity designation to include the specific subparagraph in AR 380-67, paragraph 3-101 that applies. If the position is ADP sensitive, justification must include position category, i.e., ADP I or ADP II.

(2) Indicate command code, unit identification number, TDA, paragraph and line number.

(3) Indicate in pencil incumbent's degree of security clearance and date granted along with type and date of investigation completed, as appropriate.

e. Part E - Employee Resignation/Retirement. Leave blank.

f. Part F - Remarks for SF ^{52B}50. Leave blank.

J-4. Investigative requirements and the stage of initiation and/or completion of the required investigation before subject's appointment along with exceptions to policy (reference AR 380-67, paragraphs 3-202a and 3-203 thru 3-204).

a. Noncritical-sensitive positions. A NACI shall be requested and the NAC portion favorably completed before a person

is appointed to a noncritical-sensitive position. An ENTNAC or NAC conducted during military or contractor employment may also be used for appointment provided a NACI has been requested from OPM and there is no more than 24 months break in service since completion of the investigation.

b. Critical-sensitive positions. A SSBI shall be favorably completed prior to appointment to critical-sensitive positions. SSBI will be conducted by DIS. Inasmuch as a SSBI is of greater scope, a NACI will not be requested from OPM if a SSBI for employment in a critical-sensitive position is requested from DIS or a BI or SBI completed within 5 years of appointment date exists.

c. Exceptions.

(1) Noncritical-sensitive. In an emergency, a noncritical-sensitive position may be occupied pending the completion of the NAC portion of the NACI if the head of the requesting organization finds that the delay in appointment would be harmful to the national security and such finding shall be reduced to writing and made part of the civilian personnel record. In such instances, the position may be filled only after the NACI has been requested.

(2) Critical-sensitive. In an emergency, a critical-sensitive position may be occupied pending completion of the SSBI if the head of the requesting organization finds that the delay in appointment would be harmful to the national security and such finding shall be reduced to writing and made a part of the civilian personnel record. In such instances, the position may be filled only when the NAC portion of the SSBI~~*~~ has been completed and favorably adjudicated.

(3) For use with the exceptions (1) and (2) above, a delay in appointment may be considered harmful to national security if;

(a) Regulatory requirements, mission essential functions, or responsibilities cannot be met.

(b) No other personnel are available, on a temporary basis, to complete these requirements.

(4) This policy applies to new appointments and to current incumbents of positions when the sensitivity designation is changed.

see C1
12 Feb 98

REQUEST FOR PERSONNEL ACTION

001

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)											
1. Actions Requested Approval of position sensitivity designation of NCSS										2. Request Number 92-1	
3. For Additional Information Call (Name and Telephone Number) Ms. Jane Doe, 4-5643										4. Proposed Effective Date 08-18-92	
5. Action Requested By (Typed Name, Title, Signature, and Request Date) JOHN R. SMITH C, Admin Div, G3/DPTM 18 Aug 92 <i>John R. Smith</i>						6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) ROBERT J. JONES Director, G3/DPTM 19 Aug 92 <i>Robert J. Jones</i>					
PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)											
1. Name (Last, First, Middle) LYNN, BARBARA S.						2. Social Security Number 041-00-0813		3. Date of Birth		4. Effective Date	
First Action						Second Action					
5-A. Code		5-B. Nature of Action				6-A. Code		6-B. Nature of Action			
5-C. Code		5-D. Legal Authority				6-C. Code		6-D. Legal Authority			
5-E. Code		5-F. Legal Authority				6-E. Code		6-F. Legal Authority			
7. FROM: Position Title and Number Secretary/Steno 2-80						15. TO: Position Title and Number					
8. Pay Plan GS		9. Occ. Code 318		10. Grade or Level 07		11. Step or Rate		12. Salary		13. Pay Basis	
16. Pay Plan		17. Occ. Code		18. Grade or Level		19. Step or Rate		20. Salary/Award		21. Pay Basis	
14. Name and Location of Position's Organization Administration Division G3/Directorate of Plans, Training, and Mobilization U.S. Army Armor Center Fort Knox, Kentucky 40121						22. Name and Location of Position's Organization					
Employee Data											
23. Veterans Preference 1- None 3- 10 Pt. Disab. 5- 10 Pt. Other 2- 5 Pt. 4- 10 Pt. Comp. 6- 10 Pt. / 30% Comp.						24. Tenure 0- None 2- Conditional 1- Permanent 3- Indefinite		25. Agency Use		26. Veterans Preference for RIF YES NO	
27. FEGLI						28. Annuitant Indicator 1- Reempl. Ann-CS 3- RETM 5- RETM & CS 2- RETO 4- RETO & CS 9- Not Applicable				29. Pay Rate Determinant	
30. Retirement Plan						31. Service Comp. Date (Leave)		32. Work Schedule I- Intermittent J- INT Seasonal F- Full-time G- FT Seasonal P- Part-time Q- PT Seasonal R- PT On Call		33. Part-Time Hours Per Biweekly Pay Period	
Position Data											
34. Position Occupied 1- Competitive Service 3- SES General 2- Excepted Service 4- SES Career Reserved				35. FLSA Category E- Exempt N- Nonexempt		36. Appropriation Code				37. Bargaining Unit Status	
38. Duty Station Code						39. Duty Station (City-County-State or Overseas Location)					
40. Agency Data		41.		42.		43.		44.			
45. Educational Level		46. Year Degree Attained		47. Academic Discipline		48. Functional Class		49. Citizenship 1-USA 8-Other		50. Vietnam Era Vet V-Yes N-No	
51. Supervisory Status											
PART C - Reviews and Approval (Not to be used by requesting office.)											
1. Office/Function		Initials/Signature		Date		Office/Function		Initials/Signature		Date	
A. ATZK-PTF-P		<i>Ralph G. True</i>		24 Aug 92		D.					
NCSS approved		RALPH G. TRUE				E.					
B.						F.					
C.											
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.										Approval Date	

CONTINUED ON REVERSE SIDE

Figure J-1. Sample of request for approval of position sensitivity designation

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF52-B.)

☐ YES

☐ NO

Incumbent is required to type, retrieve, and file classified mobilization plans up to and including SECRET. Incumbent is also the automated information systems administrator which categorizes the position as Category II automated data processing. Paragraph 3-101a(2) (a)&(c), AR 380-67 applies.

Command Code: TC, UIC: WOUXAO, TDA # 0387, Para 001A, Line 08.

Degree of security clearance/date granted: SECRET / 14 SEP 91
Type of investigation/date completed: MACI / 7 MAY 91

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue

regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

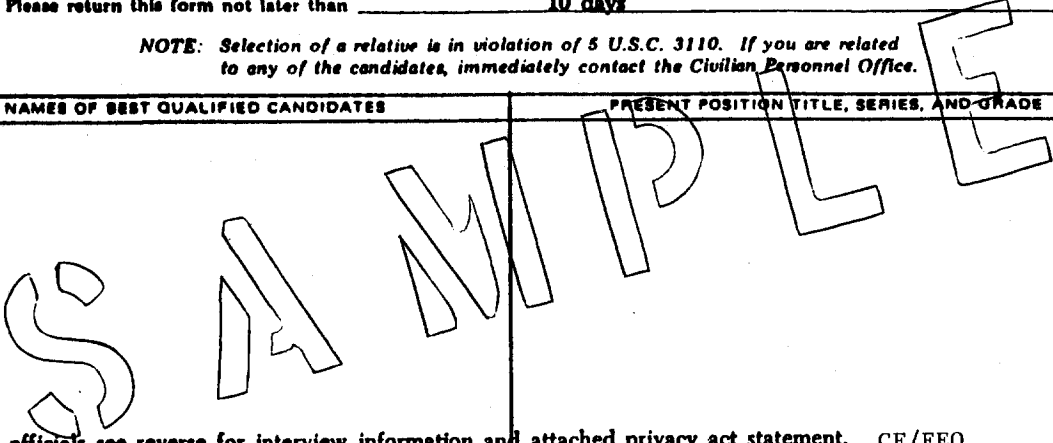
1. Reason for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)

PART F - Remarks for SF 50

[illegible]

Figure J-2. Sample of civilian position sensitivity roster.

REFERRAL AND SELECTION REGISTER		DATE OF PREPARATION
For use of this form, see AR 690-300, Chapter 335; the proponent agency is DCSPER.		
PART I - TO BE COMPLETED BY CIVILIAN PERSONNEL OFFICE		
1. POSITION TO BE FILLED (Title, series, grade, and organization)		
2. ANNOUNCEMENT NO. AND DATE	3. AREA OF CONSIDERATION IF OTHER THAN ACTIVITY WIDE	
4. TOTAL NUMBER OF ELIGIBLE CANDIDATES	5. EVALUATION AND RANKING a. RATERS: b. CIVILIAN PERSONNEL OFFICE ADVISOR:	
6. TO THE SELECTING SUPERVISOR: CANDIDATES NOT LISTED IN ANY RANK ORDER Persons listed below are best qualified among all eligible candidates for the position shown in Item 1. This group was identified after thorough evaluation and comparison of candidates' qualifications against Office of Personnel Management standards and other job-related factors. You are requested to consider the attached data regarding each candidate together with the provisions of AR 690-300, Chapter 335, paragraph 1-4, Requirement 4, subparagraph b, and indicate your selection in Part II below. Additional information will be furnished and arrangements for interviewing candidates will be made by the undersigned upon your request. Please return this form not later than <u>10 days</u> <i>NOTE: Selection of a relative is in violation of 5 U.S.C. 3110. If you are related to any of the candidates, immediately contact the Civilian Personnel Office.</i>		
NAMES OF BEST QUALIFIED CANDIDATES		PRESENT POSITION TITLE, SERIES, AND GRADE
		
Selecting officials see reverse for interview information and attached privacy act statement. CF/EEO		
TYPED NAME, TELEPHONE EXTENSION, AND SIGNATURE OF CIVILIAN PERSONNEL OFFICE REPRESENTATIVE		
PART II - TO BE COMPLETED BY SELECTING SUPERVISOR		
7. TO THE CIVILIAN PERSONNEL OFFICER:		
I HAVE CONSIDERED ALL OF THE ABOVE CANDIDATES ON THE BASIS OF THE FOLLOWING MERIT FACTORS:		
I HAVE SELECTED:		
I CHOSE THE SELECTED CANDIDATE(S) FOR THE FOLLOWING REASONS AS RELATED TO THE ABOVE FACTORS:		
Coordination made with CPT Mills, Security Manager, G3/DPTM on 17 Sep 92. See attached memorandum.		
DATE	TYPED NAME AND SIGNATURE OF SELECTING SUPERVISOR	8. FOR CPO USE PERSONNEL ACTION EFFECTIVE DATE

DA FORM MAY 83 2600

REPLACES DA FORM 2600, 1 AUG 74, WHICH WILL BE USED.

Figure J-3. Sample format DD Form 2600

NOTE TO SELECTING OFFICIALS

1. Reasons for Selection:

a. The reason(s) for selection will serve as the written record for program evaluation and in the event of a complaint or grievance.

b. Although reasons for selection must be specific and detailed, don't include extraneous information or reasons that were not considered in the selection. Such information may later become a main issue.

c. Supervisors must first list the Merit Factors considered in item 7 on reverse and then give reasons for selection based on those factors.

2. Interviews:

a. The selection interview is a vital tool in making informed decisions about candidates. However, if not conducted properly, it can be a focal point of controversy. Consistent with USAARMC Regulation 690-5, the selecting official may interview as many referred candidates as desired or none at all. If some candidates are interviewed, the selecting official must document for interviewing those candidates.

b. Interviews should be planned in advance.

(1) Questions should be preplanned and structured to collect information related to the merit factors used in making a selection.

(2) Questions must be job related.

c. The following areas should be avoided during interviews:

Race	National Origin	Marital Status
Religion	Employee Organizations	Abortion
Color	Types of Military Discharge	Women's Rights
Politics	Occupation of Spouse	Arrest
Sex	Arrangements for Child Care	Conviction Record
Age	Views of Birth Control	Handicap

d. Further, the use of written aptitude tests or performance tests during the selection interview is prohibited. If it is felt that a test must be administered, it must be approved by DA and administered by CPO.

e. The attached privacy act statement must be made available (either orally or in writing) to all candidates interviewed.

3. Commitments:

If there is a need to contact the tentative selectee, do not indicate that selection is final. A representative of the CPO will make the final commitment after all legal, regulatory and procedural requirements have been met.

ATZK-PT (380-67)

19 October 1993

MEMORANDUM FOR Chief, Recruitment and Placement, CPO

SUBJECT: (Indicate selected candidate's name and SSN)

Additional personnel security processing is required before appointment of selected candidate. Your office will be contacted upon completion of the action.

FOR THE DIRECTOR:

JOHN R. SMITH
C, Admin Div, G3/DPTM

Attachment to Figure J-3

Appendix K

Excerpt from AR 680-29 - Personnel Security Data Codes

3-9. Code number 306, security clearance required (position personnel security requirement)

This code is used to report the minimum security clearance the incumbent of a TOE or TDA position needs.

a. Personnel security investigation required. The type of personnel security investigation which is needed for a specific duty position.

Data code: A

Meaning: Special background investigation (SBI).

Data code: B

Meaning: Background investigation.

Data code*: C

Meaning: National agency check with inquiries (NACI).

Data code*: D

Meaning: National agency check plus 10 years continuous active duty.

Data code: E

Meaning: National agency check (NAC)

Data code: F

Meaning: Entrance national agency check (ENTNAC).

Data code: Y

Meaning: None.

NOTE:

1. Codes denoted by an asterisk (*) will not be used for military personnel requisitions.
2. Requirements for NAC and ENTNAC are interchangeable.

b. Position personnel security status. The highest level of personnel security eligibility (for access to classified defense information) required for a specific duty position).

Data code: A

Meaning: Top secret with sensitive compartmented information.

Data code*: B

Meaning: Top secret with interim access to sensitive compartmented information.

Data code*: C

Meaning: Interim top secret with interim access to sensitive compartmented information.

Data code: D

Meaning: Top secret.

Data code*: E

Meaning: Interim top secret.

Data code: F

Meaning: Secret.

Data code*: G

Meaning: Interim secret.

Data code: H

Meaning: Confidential.

Data code*: J

Meaning: Interim confidential.

Data code*: K

Meaning: Review of dossier by Departmental level central clearance facility required prior to authorizing interim clearance.

Data code*: L

Meaning: Classified data access not granted to date by field commander.

Data code*: M

Meaning: Classified data access suspended.

Data code*: N

Meaning: Classified data eligibility denied by departmental level central clearance facility.

Data code*: P

Meaning: Ineligible for personnel security clearance.

Data code: Y

Meaning: None.

c. A unique personnel security requirement for a specific duty position.

Data code: A

Meaning: Critical personnel reliability program (PRP) Criteria.

Data code: B

Meaning: Five year investigation recency requirement.

Data code: C

Meaning: Five year investigation recency requirement plus 10 years scope.

Data code: D

Meaning: Controlled personnel reliability program (PRP) criteria.

Data code: E

Meaning: Category one presidential support criteria.

Data code: F

Meaning: Category two presidential support criteria.

Data code: N

Meaning: Automatic data processing personnel reliability program (PRP) criteria.

Data code: Q

Meaning: Chemical surety (chemical personnel reliability program) criteria.

Data code: Y

Meaning: None.

Appendix L
Supplemental Instructions for Completion of Investigative Forms

L-1. DD Form 1879 (DOD Request for Personnel Security Investigation (EPSQ edition)).

a. DD Form 1879 will be completed by the security manager per the general and detailed instructions. A sample DD Form 1879 is provided at figure L-6

b. Staple enclosures to DD Form 1879 with one staple in the upper left hand corner.

c. Additional instructions:

(1) Requester File No: None

(2) Code/Type: WOUXAA/UIC

(3) FROM: Enter your activity and mailing address

(4) Return Results to: CDR, USAARMC & Fort Knox, ATTN: ATZK-PTF-P, Fort Knox, KY 40121-5000

(5) TS Billet Number: None

(6) Files Verification: Leave the Pre-Screen Interview blank.

(7) General Remarks:

(a) Education must be verified. Attach a copy of the subject's diploma or college transmittal. If unable to verify education state "Unable to verify education."

(b) Include information as to where and how the DIS Agent can contact the subject for an interview. Provide this information for 6 months out. Indicate any planned/anticipated PCS, deployment, extended training, leave, TDY or similar situations should be identified. Appropriate address, period of time at each address, and DSN and commercial telephone numbers should also be provided.

(c) Indicate the Required Report Date (RPD) or the Required Delivery Date (RDD) in this column.

(8) Item 14: The supervisor must complete this block, (The not required block is not applicable for SSBI's).

(9) After completing the form validate the form prior to printing. Correct all errors prior to printing. A sample validation form is at figure L-6.

L-2. National Agency Check Security Information (EPSQ version)

a. National Agency Check Security Information form will be completed by the security manager. A sample is provided at figure L-11

b. Staple enclosure to the NAC with one staple in the upper left hand corner.

c. Additional instructions:

(1) Return Results to: CDR, USAARMC & Fort Knox, ATTN: ATZK-PTF-P, Fort Knox, KY 40121-5000

(2) Requester: Army (A)

(3) Organization Code/Type: WOUXAA/UIC

(4) Applicant: No

(5) From: Enter your activity and complete mailing address

(6) Investigation Validity Certification: Enter Security Manager name, title and telephone number.

(7) After completing the form, validate the form prior to printing. Correct all errors noted in the validation.

L-3. SF 86 Office of Personnel Management Security Clearance Application (EPSQ version)

a. SF 86 will be completed IAW the general and detailed instructions in the EPSQ program with the exception of the following: (A sample is provided at figure L-13)

(1) Item 4 will cover 10 years for initial SSBIs. The EPSQ program may not allow but 7 years in this item. The remarks section of Item 4 or Item 43 Remarks can be used to include the remaining 3 years required.

(2) Item 5 will cover 10 years for initial SSBIs.

(3) Item 6 will cover 10 years for initial SSBIs.

(4) Item 6 Active duty military must list each military assignment.

(5) Item 9 your relatives include, steps, halves, in-laws, and children.

(6) Item 19 a yes answer that is not for Martial, Family or Grief, must be fully explained. When, what, why and results of treatment.

(7) Item 27 if yes answer indicate intent of future use.

(8) Item 33-39 explain any yes answer fully, when, what, where and why.

(9) After the form has been completed make sure and validate the form prior to printing. Correcting all errors noted in the validation.

L-4. FD Form 258 (Applicant Fingerprint Card).

a. Fingerprinting for personnel security actions will be performed only during the hours of 0900-1400, Monday, Wednesday, and Friday, at the Military Police Investigations Branch, Law Enforcement Command/Provost Marshal, Bldg 204. Appointments are not necessary.

b. Instructions for completing the FD Form 258 are as noted below. A sample FD Form 258 is provided at figure L-27.

(1) Ensure each entry agrees with information indicated on the investigative forms. Type or print all information in black ink.

(2) Last NAME NAM, First Name, Middle Name. LAST NAME should be printed or typed in all capital letters. Names should agree with military and/or civilian employment records; list all spelling variations in aliases block.

(a) If no middle name (NMN), initial only (IO), or no middle initial (NMI), so state.

(b) On all Hispanic, hyphenated, or longer names, so state (for example RIVERA-RIVERA, Juan (NMN)). Also, with Hispanic names, if the individual is referred only by one of the hyphenated names, enter that name in this block and then enter the entire hyphenated name as reflected on the birth certificate in the aliases block.

(2) Aliases AKA. Indicate all former names, maiden names, nicknames that are either derived from the first or last names changed by court order, and other names which the person is or has been known by. If none, so state. Aliases should be in agreement with aliases reflected on all investigative forms pertaining to the subject. Identify maiden name with NEE (i.e., NEE: JONES, May Jo).

(3) ORI. Indicate the following:

USDISOOOZ
P O Box 28989
Baltimore, MD 21240-8989

THE ORI BLOCK MUST BE COMPLETED PRIOR TO THE SUBJECT GOING TO THE MP STATION FOR FINGERPRINTING.

(4) Date of birth DOB. Indicate month, day, and year of birth.

(5) Citizenship CTZ. Enter citizenship status.

(6) Sex. Enter male or female, as appropriate.

(7) Race. Enter one of the following:

Red (American Indian)
Yellow (Asian/Mongoloid)
Black (Negroid/African)
White (Caucasoid)
Other
Unknown

- (8) Height HGT. Enter height in inches.
- (9) Weight WGT. Enter weight.
- (10) Eyes. Enter eye color.
- (11) Hair. Enter color of hair.
- (12) Place of Birth POB. Enter city and state of birth.
- (13) Your No. OCA. Leave blank.
- (14) FBI No. FBI. Leave blank unless an FBI report number is known.
- (15) Armed Force No. MNU. If entered the U.S. Armed Forces before January 1970, you must enter original service number.
- (16) Social Security No. SOC. Enter Social Security Number.
- (17) Miscellaneous No. NMU. Enter other armed forces numbers, passport number, alien registration number, port security card number, selective service number, veterans administration claim number.
- (18) Signature of Person Fingerprinted. This block must be signed by the subject of the investigation.
- (19) Residence of Person Fingerprinted. Indicate complete residence address to include zip code.
- (20) Date. Enter date fingerprints taken.
- (21) Signature of Official Taking Fingerprints. This form must be signed by the individual taking the fingerprints.
- (22) Employer and Address. Indicate name of employer and complete address. For military enter U.S. Army and unit of assignment.
- (23) Reason Fingerprinted. State reason fingerprint cards are required (i.e., SSBI, NAC, PR, etc.).

c. Prior to submission of the fingerprint cards ensure the fingerprints are classifiable by comparing them with the sample provided on the reverse side of the form.

Figure L-1 DD Form 1879

Department of Defense	FOR OFFICIAL USE ONLY	EPSQ Version 1.2c
Request for Personnel Security Investigation		OMB NO. 0704-0384
DD Form 1879	Expires: September 30, 1998	
Date: 1997/12/30		Time: 07:47:01

NAME KELSON
ROBERT, JOHN

Maiden Name (if any)

SSN 999-11-5555

DOB: 1955/10/10 Sex: M

POB: RICHMOND, VA

Other Names used KELSO
CURLEY, NMN

1. Requester File No: NONE
Code/Type: WOUXAA/UIC

Request Date: 1997/12/30

Do you require advance notice of NAC results? NO

From:

CDR

USAARMC & FORT KNOX

ATTN: ATZK-PTF-P SSO UIC#W1J138

FORT KNOX, KY 40121-5000

SCI Adjudicating Agency Address:

CRR, US ARMY CENTRAL PERSONNEL SECURITY CLEARANCE
FACILITY

ATTN: PCCF

FORT GEORGE G. MEADE, MD 20755-5250

Forward Request To:

DIS

PERSONNEL INVESTIGATIONS CENTER

P O BOX 18585

BALTIMORE, MD 21240-8585

Return Results to:

COMMANDER

USAARMC & FORT KNOX

ATTN: ATZK-PTF-P

FORT KNOX, KY 40121-5000

*****		FOR DIS USE ONLY		*****	
CCN (1-15)		DIS CLOSING STAMP			
(16-22)					
PB (72-73)		PC (74-75)		Completed	
SV (76)		CR (77-78)			
R	A	I	N	Date Completed	

KELSON
ROBERT, JOHN

DD1879

SSN: 999-11-5555

Page: 1

1. Addresses

Thru:

2. Request For. . . Information

Request Type: SINGLE SCOPE BACKGROUND INVESTIGATION (SSBI)

3. Application Status

Select the highest level of classified material to which the subject of subject of the investigation will have access: TOP SECRET

TS Billet Number: NONE

4. Investigation Status

Reason for Access: SENSITIVE COMPARTMENTED INFORMATION (SCI)

Reason for Access: CRITICAL SENSITIVE POSITION/DUTIES

5. Citizenship Verification

YES Was the subject's U.S. citizenship verified?

Document: BIRTH CERTIFICATE

6. Files Verification

FILE VERIFIED

DATE

FINDING (FAV, NAV, NOR, UNF)

PERSONNEL

1997/12/01

FAV

MEDICAL

1997/12/05

FAV

SECURITY

1997/12/06

FAV

BASE/MILITARY POLICE

1997/12/11

FAV

PRE-SCREENING INTERVIEW

1997/12/30

NAV

NAV

7. Prior Investigations

Has the subject been investigated prior to this request? NO

8. Title or Position of Subject

Remarks:

Security Specialist, Electrical Engineer

9. List of Enclosures

Remarks:

SF 86

FFD 258

10. Reason for Access to Classified Material

Remarks:

Subject occupies a critical sensitive position. Duties will require daily access to Top Secret information and Sensitive Compartmented Information.

11. History of Government/Military Employment

How would you characterize the accuracy of the Government Employment Employment and/or Military Service History indicated by the subject's form? CORRECT

12. General Remarks

Remarks:

Subject can be reached for an interview at 502-624-0000

KELSON
ROBERT, JOHN

DD1879

SSN: 999-11-5555

Page: 2

13. Investigation Validity Certification

I certify that the information provided on this form is true to the best of my knowledge and that the above named individual has the need for the indicated clearance to perform assigned duties.

Name of Certifier BARR

VIVIAN, LEE

Title of Certifier SECURITY MANAGER

Certifier's Phone 502-624-1655

Certifier Signature

Date

14. Supervisor's Certification

The immediate supervisor is NOT aware of adverse information concerning the individual named within this form.

Immediate Supervisor STRING

BOBO, HAM

Supervisor Title DIRECTOR

Supervisor's Phone 502-624-1212

Signature Date 1997/12/30

Supervisor's Signature

Date

| CERTIFICATION NOTICE |

BARR, VIVIAN LEE, SECURITY MANAGER, CDR, USAARMC & FORT KNOX, ATTN:
ATZK-PTF-P SSO UIC#W1J138, FORT KNOX, KY 40121-5000, has certified to the Defense Investigative Service that **KELSON, ROBERT JOHN** has signed an Authority for Release of Information and Records authorizing any duly accredited representative of the Department of Defense (including those from the Defense Investigative Service) to obtain information relating to his/her activities. This Authority for Release of Information and Records will be maintained by **CDR** until the security determination process has been completed.

An exact copy of the text of this Authority for Release of Information and Records, including all information provided on the form by **KELSON, ROBERT JOHN** (to include the name(s), date of birth, social security number, current home address, home telephone number, name signed on the release form, and date the release form was signed), is provided as an attachment to this notice and may be retained by the records repository or individual providing information concerning **KELSON, ROBERT JOHN**.

SAMPLE

Figure L-2 Validation for Scty Form
Office of Personnel Management
SECURITY CLEARANCE APPLICATION
Date: 1997/12/30
Standard Form 86, Sep. 95

EPSQ Version 1.2c
OMB NO. 3206-0007
Time: 07:28:26

V A L I D A T I O N R E P O R T

KELSON

SSN: 999-11-5555

ROBERT, JOHN

Page: 1

The validation report will review your data for the following items:
BLANK INFORMATION THAT IS REQUIRED

EPSQ will identify the required information that you have not provided.
DATE GAPS

EPSQ will check the dates between employment and residence entries for gaps
in dates.

REMARKS

EPSQ will check required remarks to ensure you have entered comments.
If you have any questions about this validation report or the required
information, see your security officer.

No errors found during validation.

End-of-User-Report

Figure L-3 NAC Request

NATIONAL AGENCY CHECK SECURITY INFORMATION

Date: 1997/12/30

EPSQ Version 1.2c

Time: 07:52:08

KELSON

SSN: 999-11-5555

ROBERT, JOHN

Page: 1

Forward This Request To:

DIS
PERSONNEL INVESTIGATIONS CENTER
P O BOX 18585
BALTIMORE, MD 21240-8585

RETURN RESULTS TO:

COMMANDER
USAARMC & FORT KNOX
ATTN: ATZK-PTF-P
FORT KNOX, KY 40121-5000

Requester ARMY (A)
Organization Code/Type WOUXAA/UIC

FROM:

CDR
USAARMC & FORT KNOX
ATTN: ATZK-PTF-P
FORT KNOX, KY 40121-5000

SAMPLE

2. Type of Investigation

SECRET PERIODIC REINVESTIGATION (SPR) (S)

3. Local Files Check**YES** Were the results of local files check favorable?**4. Current Status**

What is the subject's current status? U.S. GOVERNMENT EMPLOYEE
Is the subject an applicant? NO
Government Grade G14

5. Citizenship Verified**YES** Was the subject's U.S. citizenship verified?**6. Reason for Request**

SECRET

7. Investigation Validity Certification

I certify that the information provided on this form is true to the best of my knowledge and that the above named individual has the need for the indicated clearance to perform assigned duties.

Name of Certifier BARR

VIVIAN, LEE

Title of Certifier SECURITY MANAGER

Certifier's Phone 502-624-1655

Certifier Signature

Date

| CERTIFICATION NOTICE |

BARR, VIVIAN LEE, SECURITY MANAGER, CDR, USAARMC & FORT KNOX, ATTN: ATZK-PTF-P, FORT KNOX, KY 40121-5000, has certified to the Defense Investigative Service that **KELSON, ROBERT JOHN** has signed an Authority for Release of Information and Records authorizing any duly accredited representative of the Department of Defense (including those from the Defense Investigative Service) to obtain information relating to his/her activities. This Authority for Release of Information and Records will be maintained by **CDR** until the security determination process has been completed.

An exact copy of the text of this Authority for Release of Information and Records, including all information provided on the form by **KELSON, ROBERT JOHN** (to include the name(s), date of birth, social security number, current home address, home telephone number, name signed on the release form, and date the release form was signed), is provided as an attachment to this notice and may be retained by the records repository or individual providing information concerning **KELSON, ROBERT JOHN**.

Figure L-4 Validation for NAC

NATIONAL AGENCY CHECK SECURITY INFORMATION

Date: 1997/12/30

EPSQ Version 1.2c

Time: 07:51:54

V A L I D A T I O N R E P O R T

KELSON

SSN: 999-11-5555

ROBERT, JOHN

Page: 1

The validation report will review your data for the following items:

BLANK INFORMATION THAT IS REQUIRED

EPSQ will identify the required information that you have not provided.
DATE GAPS

EPSQ will check the dates between employment and residence entries for gaps in dates.

REMARKS

EPSQ will check required remarks to ensure you have entered comments. If you have any questions about this validation report or the required information, see your security officer.

No errors found during validation.

End-of-User-Report

Figure L-5 Security Questionnaire
 Office of Personnel Management
 SECURITY CLEARANCE APPLICATION
 Date: 1997/12/30
 Standard Form 86, Sep. 95

EPSQ Version 1.2c
 OMB NO. 3206-0007
 Time: 07:28:59

KELSON
 ROBERT, JOHN

SSN: 999-11-5555
 Page: 1

1. Personal Information

Name KELSON
 ROBERT, JOHN
 Birth Date 1955/10/10 Sex M
 Place of Birth RICHMOND, VA
 County RICH
 WORK/DAY PHONE 504-624-0000 HOME/EVENING PHONE 502-353-0000
 Height 6-1 Weight 190 Hair Color BROWN Eye Color BROWN

2. Other Names Used

YES Have you ever used or been known by another name?

FROM	TO	OTHER NAME
1. 1965/02/07	PRES/ /	KELSO CURLEY, NMN

3. Citizenship

Citizenship Status U.S. CITIZEN
 Mother's Maiden Name JANSEN
 MYRA, CLARA
 Citizenship Type BORN IN THE U.S.

4. Where You Have Lived

FROM	TO	ADDRESS
1. 1992/03/04	PRES/ /	6000 C. WILLIAMS AVENUE RADCLIFF, KY 40160-5000

Person Who Knows You
 BELL
 MARY, TOM
 5134 SOUTH KENTUCKY DRIVE
 RADCLIFF, KY 40160
 Phone 502-351-9999

Remarks:

1989/02/03-1992/03/02
 1415 South Carolina
 Midlothian, VA 23113

2. 1990/03/02 1992/03/03 1415 SOUTH CAROLINA
 MIDLOTHIAN, VA 23113

Remarks:

1988/03/02- 1990/03/04
 516 Early Street
 Louisville, KY 40200

KELSON
ROBERT, JOHN

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SSN: 999-11-5555

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5. Where You Went To School

YES Have you attended school beyond Junior High School within the last 7 years?

	FROM	TO	TYPE/ADDRESS
1.	1989/05/02	1992/03/02	COLLEGE/UNIVERSITY/MILITARY COLLEGE
	Degree/Diploma/Other		UNIVERSITY OF RICHMOND
	ELECTRONIC ENGINEER		UNIVERSITY OF RICHMOND
			205 COLLEGE STREET
	Award Date	1992/03/02	RICHMOND, VA 23208

6. Your Employment Activities

1. 1994/03/01 PRES/ / OTHER FEDERAL EMPLOYMENT

Employer Name US ARMY

Employer Phone 502-624-3333 **Your Position/Title** ENGINEER

Employer Address DIRECTORATE OF COMBAT DEVELOPMENT

ATTN: ATZK-DCD

FORT KNOX, KY 40121-5000

Supervisor's Name JONES

RICK, OTIS

Supervisor Phone 502-624-3333

NO Is the employer's address different from the job location address?

NO Is the supervisor's address different from the job location address?

2. 1992/03/02 1994/02/28 OTHER

Employer Name SEAGRAVES ENGINEERING

Employer Phone 502-353-3434 **Your Position/Title** ELECTRONIC ENGINEER

Employer Address 172 LINCOLN TURNPIKE
RADCLIFF, KY 40160-5000

Supervisor's Name RIVERS

HAROLD, JOHN

Supervisor Phone 502-352-4444

NO Is the employer's address different from the job location address?

NO Is the supervisor's address different from the job location address?

Remarks: 1989/03/02-1992/03/02

Employer: Cochrane Engineering

phone: 084-738-0000

address: 1820 Hull Street Road

Midlothian, VA 23113

supervisor: Cole, Samuel Charles, phone: 804-738-1212

3. 1990/03/02 1992/03/03 SELF-EMPLOYMENT

Company Name KELSO INCORPORATE

Company Address 1245 FOURTH STREET
LOUISVILLE, KY 40200

Verifying Individual BEANBLOSSOM

JACK, T.

514 TABACCO ROAD

LOUISVILLE, KY 40200

Phone 502-333-4444

Remarks: 1987/05/31-1990/03/02

KELSON
ROBERT, JOHN

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6. Your Employment Activities (Continued)

FROM	TO	TYPE OF EMPLOYMENT
		Full time student Richmond University

6. Your Employment Activities

YES Were you in the Federal Civil Service prior to the last 7 years?
Civil Service Beyond 7 Years

FROM	TO
1. 1983/02/01	1985/02/02

Employer Name US NAVY

Employer Phone 333-333-3333

Your Position/Title ELECTRICIAN

Employer Address NAVAL ORDANCE

513 NORTH BREAK STREET

LOUISVILLE, KY 40272

Supervisor's Name LASLIE

MARY, JOSEPH

Supervisor Phone 502-555-5555

YES Is the employer's address different from the job location address?

Employer's Address NAVAL ORDANCE DEACTIVATED
 LOUISIVLLE, KY 40200

NO Is the supervisor's address different from the job location address?

2. 1975/01/10	1979/07/11
---------------	------------

Employer Name US ARMY

Employer Phone 502-624-1111

Your Position/Title CLERK

Employer Address IRELAND ARMY HOSPITAL

FORT KNOX, KY 40121-500

Supervisor's Name HALE

DOROTHY, MARIE

Supervisor Phone 555-555-555

NO Is the employer's address different from the job location address?

YES Is the supervisor's address different from the job location address?

Supervisor's Address (DOROTHY IS DECEASED)
 LOUISIVLLE, KY 40200

7. People Who Know You Well

FROM	TO	REFERENCE NAME/ADDRESS
1. 1988/12/01	PRES/ /	CAMERON WARD, RAYMOND JR. HOME ADDRESS 11313 TUCKER LANE RADCLIFF, KY 40160 EVENING PHONE 502-351-9066
2. 1980/12/01	PRES/ /	DELL SHARON, CAROL WORK ADDRESS 3410 A HIGHLAND STREET POWHATAN, VA 23299 DAY PHONE 804-731-1111
3. 1988/10/10	PRES/ /	KARON BURT, COLE

KELSON
ROBERT, JOHN

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SSN: 999-11-5555

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7. People Who Know You Well (Continued)

FROM	TO	REFERENCE NAME/ADDRESS
	WORK ADDRESS	5132 A CANDLEWICK MIDLOTHIA, VA 23113
	DAY PHONE	804-738-4000

8. Your Spouse

What is your current marital status? MARRIED

STATUS/DATES	NAMES/LOCATION
1. MARRIED	KELSON CHERYL, COATS DOB 1956/02/02 POB LOUISVILLE, KY MARRIAGE 1980/12/13 MIDLOTHIAN, VA Maiden COATS SSN 231-06-4879 MILLER, CHERYL

NO Is your current spouse's address different from yours?
 NO Has your current spouse, to your knowledge, ever used another name
 (other than maiden name)?

Country(ies) of Citizenship UNITED STATES

STATUS/DATES	NAMES/LOCATION
2. DIVORCED	JONES HELEN, CAROLE DOB 1953/07/18 POB RICHMOND, VA MARRIAGE 1975/02/11 RICHMOND, VA DIVORCED 1978/04/06 RICHMOND, VA

YES Do you know the address of your former spouse? (most recent or last
 known address) (If deceased, answer No.)

516 CALICO STREET
 LOUISVILLE, KY 40200
 Phone 502-555-22222

9. Your Relatives and Associates

RELATIONSHIP	NAME/PLACE OF BIRTH
1. MOTHER	KELSON MYRA, CLARA DOB 1936/03/10 POB UNITED STATES

Is the family/associate you listed deceased? NO

CURRENT ADDRESS 13110 HULL STREET ROAD
 MIDLOTHIAN, VA 23112

Country(ies) of Citizenship UNITED STATES

2. FATHER

	KELSON ROBERT, JOHN DOB 1935/10/12 POB UNITED STATES
--	--

Is the family/associate you listed deceased? YES

Country(ies) of Citizenship UNITED STATES

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ROBERT, JOHN

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9. Your Relatives and Associates (Continued)

RELATIONSHIP	NAME/PLACE OF BIRTH
--------------	---------------------

3. CHILD (NATURAL OR ADOPTIVE)

KELSON

DAVID, RIDDLE

DOB 1994/04/01

POB UNITED STATES

Is the family/associate you listed deceased? NO

CURRENT ADDRESS 6000 C WILLIAMS AVENUE
FORT KNOX, KY 40121-5000

Country(ies) of Citizenship UNITED STATES

10. Citizenship of Your Relatives and Associates

RELATIONSHIP	NAME
--------------	------

11. Your Military History

YES Have you ever served in the military? (If yes, provide in chronological order your military history: begin with the most recent period and include Reserves, National Guard, Merchant Marines, and Foreign Military service.)

FROM/SVC #	TO	COUNTRY
------------	----	---------

1. 1977/08/09	PRES/ /	UNITED STATES
---------------	---------	---------------

Branch/Grade ARMY RESERVE/E8

Status INACTIVE

2. 1972/01/01	1974/03/04	UNITED STATES
---------------	------------	---------------

Branch/Grade ARMY/E4

Status ACTIVE

12. Your Foreign Activities - Property

NO Do you have any foreign property, business connections, or financial interests?

13. Your Foreign Activities - Employment

NO Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?

14. Your Foreign Activities - Contact with Foreign Government

YES Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)

FROM	TO	FIRM AND/OR GOV'T/COUNTRY
------	----	---------------------------

1. 1989/03/02	1990/02/02	EMBASSY OF THE UNITED KINGDOM UNITED KINGDOM
---------------	------------	---

Remarks: Contacted the Embassy of the United Kingdom, Washington, DC three times. Purpose of contact was to obtain historical information on British engineering patents. This information was used on a college term paper.

KELSON
ROBERT, JOHN

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SSN: 999-11-5555

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15. Your Foreign Activities - Passport

NO In the last 7 years, have you had an active passport that was issued by a foreign government?

16. Foreign Countries You Have Visited

YES Have you traveled outside the United States on other than official U.S. Government orders in the last 7 years? (Travel as a dependent or contractor must be listed.) Do not repeat travel covered in modules 4, 5, and 6.

FROM TO

1. 1990/03/02 1996/03/04

Country(ies) Visited

SPRATLY ISLANDS

ANGOLA

Purpose PLEASURE

Purpose PLEASURE

17. Your Military Record

NO Have you ever received other than an honorable discharge from the military?

18. Your Selective Service Record

NO Are you a male born after December 31, 1959?

19. Your Medical Record

NO In the last 7 years, have you consulted a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

20. Your Employment Record

NO Has any of the following happened to you in the last 7 years? - Fired from job - Quit a job after being told you'd be fired - Left a job by mutual agreement following allegations of misconduct - Left a job by mutual agreement following allegations of unsatisfactory performance - Left a job for other reason under unfavorable circumstances

21. Your Police Record - Felony Offenses

NO Have you ever been charged with or convicted of any felony offenses? (Include those under the Uniform Code of Military Justice.)

22. Your Police Record - Firearms/Explosives Offenses

NO Have you ever been charged with or convicted of a firearms or explosives offense?

23. Your Police Record - Pending Charges

NO Are there currently any charges pending against you for any criminal offense?

24. Your Police Record - Alcohol/Drug Offenses

NO Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?

KELSON
ROBERT, JOHN

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SSN: 999-11-5555

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25. Your Police Record - Military Court

NO In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (include nonjudicial, Captain's mast, etc.)

26. Your Police Record - Other Offenses

NO In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in modules 21, 22, 23, 24, or 25? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

27. Your Use of Illegal Drugs and Drug Activity-Illegal Use of Drugs

YES Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?

	FROM	TO	NAME/FREQUENCY
1.	1990/02/01	1993/03/04	MARIJUANA 3 TIMES TOTAL

28. Your Use of Illegal Drugs and Drug Activity-Use in Sensitive Positions

NO Have you EVER illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting public safety?

29. Your Use of Illegal Drugs and Drug Activity-Drug Activity

NO In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

30. Your Use of Alcohol

NO In the last 7 years has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)? Do not repeat information reported in module 19 on form SF86 or module 5 on form SF85P-S (Your Medical Record).

31. Your Investigation Record - Investigations/Clearances Granted

NO Has the United States Government ever investigated your background and/or granted you a security clearance? (If you can't recall the investigating agency and/or the security clearance received, enter (Y)es and follow instructions in the help text for the fields on the next screen. If you can't recall whether you've been investigated or cleared, enter (N)o.)

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32. Your Investigation Record - Clearance Actions

NO To your knowledge have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? (Note: An administrative downgrade or termination of a security clearance is not a revocation.)

33. Your Financial Record - Bankruptcy

YES In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?

DATE	AMOUNT/NAME ACTION OCCURRED UNDER
1. 1993/01/02	\$45000 CHAPTER 7
Court Name/City/State	RICHMOND COUNTY COURT RICHMOND, VA 23201

34. Your Financial Record - Wage Garnishments

NO In the last 7 years, have you had your wages garnished for any reason?

35. Your Financial Record - Repossessions

NO In the last 7 years, have you had any property repossessed for any reason?

36. Your Financial Record - Tax Lien

NO In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?

37. Your Financial Record - Unpaid Judgements

NO In the last 7 years, have you had any judgements against you that have not been paid?

38. Your Financial Delinquencies - 180 Days

NO In the last 7 years, have you been over 180 days delinquent on any debt(s)?

39. Your Financial Delinquencies - 90 Days

NO Are you currently over 90 days delinquent on any debt(s)?

40. Public Record Civil Court Actions

NO In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?

41. Your Association Record - Membership

NO Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?

42. Your Association Record - Activities

NO Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?

KELSON
ROBERT, JOHN

SF86

SSN: 999-11-5555

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43. General Remarks

NO Do you have any additional remarks to enter in your application?

CERTIFICATION BY PERSON COMPLETING FORM

I certify that the entries made by me are true, complete, and accurate to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both.

Name KELSON, ROBERT JOHN
SSN 999-11-5555

Subject Signature

Date

National Agency Questionnaire (NAQ)

Date: 1997/12/30

Standard Form 86, Sep. 95

EPSQ Version 1.2c

OMB NO. 3206-0007

Time: 07:28:59

C O - S U B J E C T R E P O R T

KELSON

SSN: 999-11-5555

ROBERT, JOHN

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1. Current Spouse

DOB 1956/02/02 **POB** LOUISVILLE, KY
MARRIAGE 1980/12/13 **Maiden** COATS
SSN 231-06-4879 **MILLER, CHERYL**

KELSO
CHERYL, COATS
LOUISVILLE, KY
MIDLOTHIAN, VA
COATS
MILLER, CHERYL

1. Personal Information

- NO** Is your current spouse's address different from yours?
NO Has your current spouse, to your knowledge, ever used another name
(other than maiden name)?

Country(ies) of Citizenship UNITED STATES

UNITED STATES OF AMERICA
Authorization for Release of Information
(Carefully read this authorization to release
information about you, then sign and date it in ink.)

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or assignment to, or retention in, a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Subject Signature

SSN 999-11-5555

Date

Authorization for Release of Information (continued)

Name KELSON, ROBERT JOHN

Other Name(s) Used KELSO, CURLEY NMN

Address 6000 C. WILLIAMS AVENUE
RADCLIFF, KY 40160-5000

DOB 1955/10/10 **SSN** 999-11-5555

Home Phone 502-353-0000

SAMPLE

Figure L-6, Validation for Security Questionnaire
Office of Personnel Management
REQUEST FOR PERSONNEL SEC. INVESTIGATION
Date: 1997/12/30

EPSQ Version 1.2c
Expires: September 30, 1998
Time: 07:46:01

V A L I D A T I O N R E P O R T

KELSON
ROBERT, JOHN

SSN: 999-11-5555
Page: 1

The validation report will review your data for the following items:
BLANK INFORMATION THAT IS REQUIRED

EPSQ will identify the required information that you have not provided.
DATE GAPS

EPSQ will check the dates between employment and residence entries for gaps
in dates.

REMARKS

EPSQ will check required remarks to ensure you have entered comments.
If you have any questions about this validation report or the required
information, see your security officer.

No errors found during validation.

End-of-User-Report

Figure L-7. Sample FD Form 258.

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI LEAVE BLANK	
				LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME			
				KELSON	Robert	John			
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		O R I		USDIS000Z		DATE OF BIRTH <u>DOB</u>	
RESIDENCE OF PERSON FINGERPRINTED		AKA: Curley		P O Box 28989		Baltimore, MD 21240-8989		10 Month 10 Day 55 Year	
600 C. Williams Avenue		CITIZENSHIP <u>CTZ</u>		SEX	RACE	HGT	WGT	EYES	HAIR
Radcliff, KY 40160		US		M	W	73"	190	Brn	Brn
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	YOUR NO. <u>OCA</u>		PLACE OF BIRTH <u>POB</u>					
EMPLOYER AND ADDRESS		FBI NO. <u>EBI</u>		LEAVE BLANK					
Department of the Army		ARMED FORCES NO. <u>MNU</u>		CLASS _____					
Directorate of Combat Development		SOCIAL SECURITY NO. <u>SOC</u>		REF. _____					
Fort Knox, KY 40121-5000		999-11-5555							
REASON FINGERPRINTED		MISCELLANEOUS NO. <u>MNU</u>							
SSBI									

1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE	
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

Appendix M

Instructions for Completion of DA Form 5247-R

Item 1. Return Results To: All results must be returned to Security Division, G3/DPTM. Proper mailing address is:

Commander
USAARMC & Fort Knox
ATTN: ATZK-PTF-P
Fort Knox, KY 40121-5000

Item 2. Unit Identification Code (UIC). All requests must indicate Security Division, G3/DPTM's UIC. Proper UIC is: WOUXAA.

Item 3. Supporting Special Security Office (SSO). Enter the SSO's UIC if the person is to be considered for Sensitive Compartmented Information (SCI). Proper notation is: SSO KNOX - UIC: W1J138.

Item 4. Social Security Number (SSN). Enter subject's SSN.

Item 5a. Name (LAST, First, Middle Initial). Enter subject's name. The last name will be entered in CAPITAL letters, followed by first name and middle initial, for example: SMITH, John J. If no middle name (NMN), initial only (IO) or no middle initial (NMI), so state.

Full Hispanic and hyphenated names must be indicated (for example, RIVERA-RIVERA, Juan (NMN)). Also, with Hispanic names, if the individual is referred only by one of the hyphenated names, enter that name in this block and then enter the entire hyphenated names as reflected on the birth certificate of other official documents in Item 5b (Aliases).

Item 5b. Aliases (Former/Maiden name). Indicate all former names, maiden names, nicknames, names changed by court order, and other names which the person is or has been known by, to include variant spellings used. If none, so state.

Item 6a. Date of Birth (Year, month, day). Enter the year, month, and day of subject's birth. For example, 600707.

Item 6b. Place of Birth (State or Country). Enter subject's place of birth. If born in the United States, enter state of birth. Do not abbreviate. If born outside the United States, enter country of birth.

Item 7. Rank. List subject's present rank or grade. For example, SGT or GS-05.

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Item 8a. MOS. Enter SUBJECT's MOS.

Item 8b. Active Duty Date. Enter the active duty date.

Item 8c.. Unit of Assignment. Enter SUBJECT's unit of assignment.

Item 9. Reason for Request. Check appropriate block(s). If access to a special program is required, indicate the program. Special access programs are identified in Section V, Chapter 3, AR 380-67. If a tracer action is required annotate an "X" in the "Other" block and state "Tracer" beside it.

Item 10. Prior Investigation/Clearance/Sensitive Compartmented Information Access. Attach a copy of subject's previously granted security clearance or investigation as documented in the personnel file. For Army-affiliated personnel, the security clearance is documented on a DA Form 873. When no security clearance is request the investigation is documented on a DIS Form 1 (DIS Report of NAC/ENTNAC) and DD Form 1879 for military personnel and on a Certification of Investigation for DOD civilian personnel. (NOTE: Older investigations pertaining to civilian employees were documented on the right side of the SF 85 or SF 171. Results of a completed NACI were annotated "Results of Investigation Under Section 3(A) of E.O. 10450 Furnished Requesting Agency" or "Processed Under Section 3(A) of E.O. 10450".)

Item 11a. Citizenship. Check appropriate block. Citizenship must be verified using one of the acceptable documents identified in AR 380-67, appendix B and appendix H, this pamphlet. Identify document examined (i.e., DD Form 1966/5, Item 41c(1) (birth certificate), Aug 85 edition.

Item 11b. Spouse Country of birth. Enter Spouse's country of birth.

Item 11c. Spouse citizenship. Enter Spouse's citizenship.

Item 12. Local Files Checks. For a definition of local files check refer to paragraph 1-310, AR 380-67. Instructions on how to conduct files checks are in paragraph 3-7, this pamphlet.

a. Enter the date local record checks were completed. If the checks were completed on various dates, enter the oldest one.

b. If no unfavorable information is found, no further action is needed. If unfavorable information is disclosed, obtain a copy (i.e., Article 15, MP Report, etc.) and add as

enclosure(s) to your request. If unable to obtain a copy of the information, summarize all the facts discovered in item 14. When reporting unfavorable information include answers to the basic interrogatives; who, what, when, where, why, and how, as well as information concerning date, place or disposition of a listed arrest. Obtain the information from the subject when necessary.

c. If all local records checks were not accomplished, explain in item 15. For example, medical records lost; PMO and Intell checks not conducted as subject has been in the geographical area for less than 30 days.

Item 13. Federal Service. Type in subject's beginning date of continuous Federal Service without a break exceeding 24 months. Be sure to read the definition of Federal Service as provided in Paragraph 1-103, this pamphlet. If this block merely reflects the date of last enlistment or last employment, and does not reflect the combination of active duty, ARNG, USAR, civilian employment, Federal contractor employment, etc., the requester may receive unnecessary instructions to initiate a new investigation because of the apparent break in service. For ROTC cadets, enter the date entered ROTC Scholarship Program. This information is contained in individuals 201 file and OPF, however, there is no record of continuous federal service for officers. You must query the individual to obtain the correct federal service date to include all branches of the service.

Item 14. Enclosures. List all enclosures.

Item 15. Remarks. Use as required to explain or elaborate on other information provided. Provide specific justification for requested clearance. In the case of civilian clearance, indicate the position sensitivity designation, date approved, and the control number assigned by Security Division. For military personnel, indicate the position number and personnel security requirement for that position as identified in the SC3 or SC4 roster.

Item 16. Date. Self-explanatory.

Item 17. Typed Name, Grade, Title, and Autovon No. Type name and grade of S2/security manager. For title, indicate S2 or security manager, as appropriate, and include activity designation (i.e., Security Manager, G3/DPTM). All requests must indicate Security Division, G3/DPTM's Defense Network Switch (DSN) telephone number, DSN 464-1655/2814.

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ITEM 18. Signature of Security Manager/Authorized Official. Self explanatory.

A sample DA Form 5247-R is provided at figure M-1.

When submitting the request for a security clearance, original, plus one copy of the form and all enclosures are required.

REQUEST FOR SECURITY DETERMINATION

For use of this form, see AR 380-28 and AR 380-67; the proponent agency is Deputy Chief of Staff for Intelligence

1. RETURN RESULTS TO: CDR, USAARMC ATTN: ATZK-PTF-P Fort Knox, KY 40121-5000		2. UNIT IDENTIFICATION CODE WOUXAA	
4. SOCIAL SECURITY NUMBER 012-33-4567		5a. NAME (LAST, First, Middle) BLACK, Rose Ann	
6a. DATE OF BIRTH (Year, Month, Day) 1966 07 07		5b. ALIASES (Former / Maiden name) Nee: JONES	
6b. PLACE OF BIRTH (State or Country) New York		7a. RANK SGT	7b. STATUS (See Item 19) B
8a. MOS 96R	8b. ACTIVE DUTY DATE 1986 06 03	8c. UNIT OF ASSIGNMENT DFD, Co B USAARMC	
9. REASON FOR REQUEST (Check appropriate box(s)) CLEARANCE <input type="checkbox"/> TOP SECRET <input type="checkbox"/> PRP/SURETY <input type="checkbox"/> SCI <input checked="" type="checkbox"/> SECRET <input checked="" type="checkbox"/> OTHER (Explain) Request an Interim Secret <input type="checkbox"/> INTERIM GRANTED		10. PRIOR INVESTIGATION/CLEARANCE/SENSITIVE COMPARTMENTED INFORMATION ACCESS <input type="checkbox"/> ATTACHED PROOF/873 OF PRIOR INVESTIGATION/CLEARANCE (Check, if applicable) CURRENT CLEARANCE None	
11a. INDIVIDUAL'S CITIZENSHIP (Use one of the codes shown below) A = Born in US B = Born in US Territories C = Born abroad of US Parents D = Naturalized/Derived A		11b. CITIZENSHIP VERIFIED BY (Identify document examined (See Appendix B, AR 380-67)) 1966/5, 85 edition (Birth Certificate)	
11c. SPOUSE'S COUNTRY OF BIRTH U.S.		11d. SPOUSE'S CURRENT CITIZENSHIP U.S.	
12. LOCAL FILES CHECKS I certify that local records checks of personnel records, medical records, military police records and local intelligence files were <input checked="" type="checkbox"/> FAVORABLE <input type="checkbox"/> SEE REMARKS		13. FEDERAL SERVICE I certify that subject above has been in continuous federal service without a break exceeding twenty-four months since 19860603	
14. ENCLOSURES DIS Form 1 (ENTNAC/860102)			
15. REMARKS (If necessary, continue on separate sheet of paper) <p>Request subject be granted an INTERIM SECRET security clearance. SUBJECT will be working in the S3 Section and will require daily access to classified information up to and including SECRET. No other properly cleared individual is available on a temporary basis to accomplish the duties required.</p>			
16. DATE 971231	17. TYPED NAME, GRADE, TITLE, AND DSN NO. Joseph R. Waters SFC, Scty Mgr, DFD, 464-1655/68741		18. SIGNATURE OF SECURITY MANAGER/AUTHORIZED OFFICIAL

19. STATUS CODES

B - ACTIVE ENLISTED
C - ACTIVE OFFICER
D - RESERVE ENLISTED
E - RESERVE OFFICER
F - ARNG ENLISTED
G - ARNG OFFICER
H - DA CIVILIAN

K - CONTRACTOR
L - GENERAL OFFICER
M - ROTC CADET
N - USAMA CADET
R - CIVILIAN (TEMP/CO-OP)
U - FOREIGN NAT EMP
X - OFFICER CANDIDATE

Z - UNKNOWN
2 - DOD CIVILIAN AND ACTIVE RESERVE *
3 - DOD CIVILIAN AND INACTIVE RESERVE *
4 - DOD CIVILIAN AND ARNG *
5 - ACTIVE WARRANT OFFICER
6 - RESERVE WARRANT OFFICER
7 - ARNG WARRANT OFFICER

* FOR STATUS CODES 2, 3, AND 4, PROVIDE 2D UIC AND/OR UNIT OF ASSIGNMENT IN REMARKS BLOCK

Appendix N

Instructions for Completion of USAARMC Form 1378 (Record of Personnel Security Clearance/Action)

BLACK, Rose Ann 1. NAME (Last, First, & Middle)		SGT 2. GRADE/RANK	012-34-5678 3. SSN	15 Apr 94 4. DATE
5. DATE OF BIRTH 7 Jul 66		6. PLACE OF BIRTH Utica, NY		7. CITIZENSHIP (see reverse side) U.S.
8. ORGANIZATION A-3-16	9. DUTY ASSIGNMENT, CIVILIAN POSITION TITLE & JOB NO. S3, 3-16		10. CIVILIAN POSITION SENSITIVITY & CATEGORY/DATE APPROVED BY DSEC	
11. DEGREE OF SECURITY CLEARANCE/ DATE GRANTED INTERIM SECRET/14 Apr 94		12. DEGREE OF LOCAL ACCESS GRANTED INTERIM SECRET		13. DATE OF INITIAL SECURITY BRIEFING/ COMPLETION OF SF 312 15 Apr 94
14. TYPE & DATE OF INVESTIGATION ENTNAC/7 Dec 89		15. SPECIAL ACCESS/DATE GRANTED (i.e., NATO, CNWDI, AR 50-5, etc.) NATO/20 Apr 94		
16. RECORDS CHECKS CONDUCTED AND DATE PERSONNEL RECORDS 7 Apr 94 UNIT FILES NA FINANCE RECORDS (Optional) NA PMO RECORDS NA MEDICAL RECORDS 7 Apr 94 INTELLIGENCE RECORDS NA		17. REMARKS In geographical area 30 days or less.		
18. NAME AND TITLE OF SECURITY MANAGER/S2 JOSEPH R. WATERS, SFC, Scty Mgr <i>Joseph R. Waters</i> (Signature)				

USAARMC Form 1378
1 May 90

P3-3660-DPS-KN-Apr 93-25C

(Previous editions may be used)

RECORD OF PERSONNEL SECURITY CLEARANCE/ACTION
Intelligence Newsletter 87-1, 20 Feb 87

Items 1-3, 5 and 6. Self-explanatory. This information should agree with information noted on subject's DA Form 873 (Certificate of Clearance and/or Security Determination), Part I - Basic Information.

Item 4. Self-explanatory.

Item 8. Indicate military unit of assignment, if applicable.

Item 9. Self-explanatory.

Item 10. Information to complete this block is extracted from Civilian Position Sensitivity Report as provided by Security Division, G3/DPTM.

Item 11. Information is extracted from subject's DA Form 873, Part II - Security Clearance.

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Item 12. Indicate the level of access to classified information subject is authorized.

Item 13. Self-explanatory.

Item 14. Information is extracted from subject's DA Form 873, Part II - Security Clearance

Item 15. Indicate type of special access authorized and date. This includes authorization to perform ADP I, II, or III functions.

Item 16. Indicate date USAARMC Form 1947 completed by servicing activity. If a records check is not completed, explain in item 17 (i.e. Not in geographic area for more than 30 days).

Item 17. Use this block to clarify any potential personnel security concerns (i.e., PR not initiated due to retirement within 12 months or PR initiated on 940602, etc.).

Item 18. Must be signed by person authorized to honor existing certificate of security clearance. Person cannot honor his own certificate of clearance.

The reverse side of the USAARMC Form 1378 should be used to document citizenship verification.

CITIZENSHIP VERIFICATION

Documentation in subject's personnel file revealed the following information pertaining to citizenship status:

Document: DD Fm 1966/5, item 41c, Aug 85 edition (birth certificate)

U.S. citizen by birth in the U.S. X U.S. citizen, but NOT born in U.S. _____ NOT a U.S. citizen _____

PROOF OF CITIZENSHIP

*NAME (LAST, First Middle): BLACK, Rose Ann

*DOB (YMD): 660707 *POB (State, County, City): Utica, NY

1. Birth Certificate. Certificate Number: _____ M/D/Y Issued: _____
Department of Issuance: _____ County, City, State: _____

2. Citizenship Certificate. Certificate Number: _____ M/D/Y Issued: _____
Department of Issuance: _____ County, City, State: _____

3. Naturalization Certificate. Certificate Number: _____ M/D/Y Issued: _____
Court: _____ County, City, State: _____

4. State Department Form 240 - Report of Birth Abroad of a Citizen of the U.S. M/D/Y Prepared: _____

5. U.S. Passport (Current or Previous). Passport Number: _____ M/D/Y Issued: _____

6. DD FM 1966/5 - Item 41c. Edition Date: _____ (Must be Aug 85 or later edition)

Dual Citizenship. Is (or was) subject a dual citizen of the U.S. and another country. _____ (NO) _____ (YES)
(Country) (Dual citizenship must be reported to CCF along with an explanation from subject as to why dual citizenship is maintained.)

Alien. Place entered U.S. (City, State): _____ Date Entered: _____
Alien Registration Number: _____ Country of Citizenship: _____

*As reflected on document used for citizenship verification.

Date: 7 Apr 94 Signature of Certifying Official (Name/Rank): SFC Joseph R. Lottas

Appendix O
Sample Memorandum Formats for SCI Requests

O-1. Sample memorandum format for SCI Access request.
OFFICE SYMBOL (380-35)

DATE

MEMORANDUM FOR G3/DPTM, Security Division, ATTN: ATZK-PTF-S

SUBJECT: Request for SCI Access

1. Request an SCI Access be established.

2. Access administrative data:

a. Organization/Position Title:

b. Access(es):

d. Usage (select one):

() Information Collector

(x) Analyst/Intelligence Producer

() Product Consumer

() Research/Developer

() Administrative Support

3. Justification: (example: Intelligence Producer/analyst requires access on a routine basis in the Technical Control and Processing section of the ACE. Coordinates with collection management to determine taskings and devising methods for solving the net structures and command relationships on intercepted messages).

4. Point of contact/telephone number:

SIGNATURE BLOCK
Commander/Director

FOR OFFICIAL USE ONLY

O-2. Sample memorandum format for SCI nomination request.

OFFICE SYMBOL (380-35)

DATE

MEMORANDUM FOR G3/DPTM, Security Division, ATTN: ATZK-PTF-S

SUBJECT: Nomination for Access to Sensitive Compartmented Information (SCI)

1. The below named individual is nominated for access to SCI:

- a. SSN:
- b. NAME (LAST, First MI):
- c. ALIASES:
- d. DATE AND PLACE OF BIRTH:
- e. RANK OR GRADE/STATUS (AD/RD/ARNG):
- f. MOS/UNIT OF ASSIGNMENT:
- g. U.S. CITIZENSHIP VERIFIED BY (list document):
- h. ACTIVE FEDERAL SERVICE DATE WITHOUT A BREAK EXCEEDING 24 MONTHS:
- i. RESULTS OF LOCAL RECORDS CHECKS/DATE COMPLETED (NOTE ANY ADVERSE OR DEROGATORY INFORMATION):
- j. DATE SSBI COMPLETED/DATE TS GRANTED:
- k. DATE AND LOCATION OF PRIOR SCI ACCESS:
- l. SCI ACCESS NUMBER AND TITLE:
- m. SPOUSE'S CITIZENSHIP/COUNTRY OF BIRTH:

2. Point of contact/DSN telephone number:

SIGNATURE BLOCK
Security Manager

FOR OFFICIAL USE ONLY
O-2

O-3. Sample of memorandum format for request for interim SCI/compelling need

OFFICE SYMBOL (380-35)

DATE

MEMORANDUM THRU G3/DPTM, Security Division, ATTN: ATZK-PTF-P

FOR G3/DPTM, Security Division, ATTN: ATZK-PTF-S

SUBJECT: Nomination for Interim SCI/compelling need

1. The below named individual is nominated for interim SCI based on a compelling need:

- a. SSN:
- b. NAME (LAST, First MI):
- c. ALIASES:
- d. DATE AND PLACE OF BIRTH:
- e. RANK OR GRADE/STATUS:
- f. U.S. CITIZENSHIP VERIFIED BY (list document):
- g. RESULTS OF LOCAL FILES CHECK/PRE-NOMINATION INTERVIEW:
- h. ACTIVE FEDERAL SERVICE DATE WITHOUT A BREAK EXCEEDING 24 MONTHS:
- i. THE FOLLOWING INFORMATION IS PROVIDED FROM SUBJECT'S SF FORM 86:

(1) ITEM 10 - INDICATES IF SUBJECT HAS IMMEDIATE FAMILY WHO ARE FOREIGN NATIONALS:

(2) ITEMS 17-42 - INDICATES IF SUBJECT ANSWERED YES TO ANY OF THE QUESTIONS AND FULLY EXPLAINED EACH YES ANSWER.

j. JUSTIFICATION (if the compelling need is due to the PR not being submitted on time, the justification will include an explanation as to why the PR was late.):

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C1, USAARMC Pam 380-67 (12 Feb 98)

OFFICE SYMBOL

SUBJECT: Request for Interim SCI/Compelling Need

2. Point of contact and telephone number:

SIGNATURE BLOCK

Commander, 0-5 and above

FORMAT

Appendix P
Excerpt Paragraph 3-6, AR 50-5

3-6. Personnel security investigations and clearance requirements. (see table 3-1)

a. Critical nuclear duty positions.

(1) Prerequisites.

(a) Personnel assigned or scheduled for assignment to critical nuclear duty positions must have a favorable (para 3-6a(2)(c)) background investigation (BI), special background investigation (SBI) or single scope background investigation (SSBI) completed within the past 5-years (the date completed is reflected in part II of the "Date Investigation Completed" block of DA Form 873, Certificate of Clearance and/or Security Determination) of the assignment and there must have been no break in active duty military service or DOD employment of more than 2 years since the investigation was completed (para 3-6c(1)). Once assigned, the 5-year periodic reinvestigation (PR) required by AR 380-67 will be complied with.

(b) For initial assignment and following completion of a PR, the certifying official must review the

(dossier) of the investigation (para 3-6a(2)) if the U.S. Army Central Personnel Security Clearance Facility (CCF) determined that the investigation revealed potentially disqualifying information. The certifying official will make a determination of the individual's reliability based on this review using the criteria in paragraph 3-11.

(c) Pending dossier review, the certifying official may place an individual being considered for assignment to a critical nuclear duty position under continuing evaluation and begin nuclear-related training. However, the individual will not be assigned to a nuclear duty position until the dossier is reviewed and a determination of reliability is made.

(d) After review of the dossier and determination that the individual is suitable for assignment to a critical position, the certifying official may assign the individual to a critical nuclear duty position.

(e) The assignment

status of individuals assigned to critical positions for whom a PR is requested after the 5-year anniversary of their PSI will change to interim certified pending completion of the SSBI.

(f) The assignment status of individuals assigned to critical positions for whom a PR is submitted before the 5-year anniversary will not change.

(g) The assignment status of individuals who have requested retirement from active duty will not change at the 5-year interval. A request for reinvestigation cannot be submitted per AR 380-67. These personnel may be retained in the PRP until retirement.

(2) Dossier review.

(a) Evidence of potentially disqualifying information will be reflected in part II (Remarks) of the computer-generated DA Form 873 from CCF by the notation "Dossier review required for critical nuclear duty." When this notation is present, CCF will forward the dossier to the address in the "return results to"

block if--

1. Both "Nuclear Weapon Position" and "Other" with the notation "PRP"/Surety Required" are checked in block 6 (Reason for Investigation) of DD Form 1879 (Request for Personnel Security Investigation); and the statement "DOD 5200.2-R, para 3-504 applies, the annotation "Personnel Occupying Nuclear Weapon Personnel Reliability Program (PRP) Position" is present in block 20 (Remarks) or,

2. The "TOP SECRET" and "PRP Surety" blocks in item 8 (Reason for Request) are checked and "Critical Nuclear Duty" is annotated in item 14 (Remarks) of DA Form 5247-R (Request for Security Determination).

(b) If part III of the computer generated DA Form 873 from CCF is blank, a new DA Form 873 must be requested by submitting a DA Form 5247-R to CDR, CCF (PCCF-M). (Blocks indicated in preceding paragraph must be annotated.) The certifying official may assign the individual to a nuclear duty position pending receipt of the new DA Form 873. Individuals for whom a DA Form 873

has been locally prepared per AR 380-67 may also be assigned to a nuclear duty position pending receipt of the CCF computer-generated DA form 873.

(c) When a dossier is devoid of potentially disqualifying information, the notation "PRP/Surety Considered" will appear in part III of the DA Form 873.

(d) When a new DA Form 873 that is based on completion of a PR is received and part III states "Dossier review required for critical nuclear duty" for an individual currently assigned to a critical nuclear duty position, the certifying official will request and review potentially disqualifying information; however, assignment to a critical nuclear duty position may be continued pending this review. For subsequent assignments, review of the same investigative results within a current 5-year PSI interval is not required.

(e) Units will normally receive the dossier within 10 working days of receipt of the DA Form 873 from CCF.

(3) Interim certification.

(a) Interim certification and assignment to a critical nuclear duty position is authorized pending completion of either the required SSBI or PR provided that--

1. The individual possesses the proper security clearance.

2. There has been no breaks in active duty military service or DOD employment in excess of 2 years since completion of the last PSI (para 3-6c(1)).

3. A favorably completed Entrance National Agency Check (ENTNAC), National Agency Check (NAC), or National Agency Check and Written Inquiries (NACI) has been completed within the past 5-years or a favorably completed but outdated BI, SBI, or SSBI exists.

4. A request for a new SSBI has been submitted to Defense Investigative Service (DIS). (DD Form 1879 will be filed in MPRJ per AR 640-10).

5. The other requirements of the PRP screening process have been fulfilled.

(b). Once a new SSBI is requested, interim certification and assignment to a critical nuclear duty position is also authorized after receipt of the favorable results of the NAC portion of the SSBI. (Note: Advance notification of NAC results must be requested on DD Form 1879.)

(c) Personnel granted interim certification are not permitted to perform nuclear duties under the two-person concept with another interim-certified individual.

(d) If a new PSI is not received within 150 days of the date the request was sent a DA Form 5247-R will be submitted to CDR, CCF, ATTN: PCCF-MCO, Fort Meade, MD 20755-5250. (See AR 380-67 for guidance on completing this form.) A copy of the DD Form 1879 annotated with "Tracer" and the current date written diagonally across the front of the form may be used instead of the DA Form 5247-R. The certifying official will determine whether to continue or terminate interim certification on the basis of CCF's reply to this follow-up.

b. Controlled nuclear duty positions.

(1) Prerequisites.

(a) Personnel assigned or scheduled for assignment to controlled nuclear duty positions must have a favorably completed ENTNAC or higher PSI completed within the past 5 years of assignment and there must have been no break in active duty military service or DOD employment of more than 2 years since the investigation was completed. (For military, the date the investigation was completed is reflected in part II, "Date Investigation Completed." block of DA Form 873. For civilians, this block reflects the date the initial PSI (NACI) was conducted for employment and security clearance. The date of subsequent PSI (NAC) for PRP purposes will be reflected in part III, "Remarks.")

(b) Assignment to controlled positions is also authorized when the PSI was completed more than 5 years prior to assignment if the person has been in a PRP position (either critical or controlled or in the chemical PRP) within the last 5 years. (The 5-year interval begins at administrative termination and ends when part IV, DA Form 3180-R, Personnel Screening and

Evaluation Report is completed.) If the individual's records do not show a previous PRP assignment and the certifying official determines by review of the individual's assignment record and through personal interview that the individual was assigned to a nuclear PRP or chemical PRP duty position within the preceding 5-year period, a new PSI is not required.

(2) Dossier review. Review of investigative results based upon an ENTNAC, NAC, or NACI by the certifying official is not required for personnel being assigned to controlled positions. Assignment to controlled nuclear duty positions is authorized for personnel being assigned to a controlled nuclear duty position pending review of investigative results of a SSBI.

(3) Interim certification.

(a) Interim certification and assignment to a controlled nuclear duty position is authorized pending completion of a new NAC or NACI provided that-

1. The individual possesses the proper security clearance.

2. There has been no break in active duty military service of DOD employment in excess of 2 years since the last PSI was completed.

3. A request for a new NAC or NACI has been submitted. (The PRP block in the "Reason for Request" section of DD Form 398-2 (Personnel Security Questionnaire (NAC)) must be annotated and "PRP PR" written across the front of the form. This indicates that the request is for a PR for the PRP.

4. The other requirements of the PRP screening process have been fulfilled.

(b) Personnel granted interim certification are not permitted to perform nuclear duties under the two-person concept with another interim-certified individual.

(c) If PSI results are not received within 90 days of the date the request was submitted,

a DA Form 5247-R will be submitted (A copy of the DD Form 398-2 annotated with "Tracer" and with the current date written diagonally across the front of the form may be used instead of the DA Form 5247-R.) The certifying official will determine whether to continue or terminate interim certification on the basis of CCF's reply to this follow-up.

c. Supplemental guidance.

(1) Service academy cadets are considered the same as active duty military when determining break in service Reservists on active duty for training (ADT) and Reserve Officer Training Corp (ROTC) cadets are not considered to have been on active duty when determining break in service.

(2) Although requirements for mandatory review of investigative files (dossiers) are

indicated above, certifying officials may request that they be made available for review whenever the certifying official believes it necessary (see AR 380-67).

(3) Individuals assigned to nuclear duty positions must have a security clearance commensurate with the security classification of the information to which access is required by the position.

(4) To ensure that personnel with MOSs 911A, 55D, or 55G and Quality Assurance Specialists-Ammunition Surveillance (QASAS, GS 1910-series) maintain PRP eligibility for worldwide assignment to critical nuclear duty positions, SSBIs will be kept current per AR 380-67, paragraph 3-711, regardless of whether current duties require assignment to a nuclear duty position or access to TOP SECRET (TS)/sensitive compartmented information (SCI) material.

Appendix Q

Excerpt Paragraph 3-6, AR 50-6

3-6. Personnel security investigations and clearance requirements.

a. Required PSIs.

(1) The incumbent of, or the scheduled replacement for, a chemical surety duty position must have had, as a minimum, a favorable Entrance National Agency Check (ENTNAC), National Agency Check (NAC), or National Agency Check and written inquiries (NACI). For military and DA civilian personnel, evidence of a favorable investigation is a security clearance (DA Form 873 (Certificate of Clearance and/or Security Determination)) issued by the Central Clearance Facility (CCF). For DA civilian personnel when a security clearance is not required, an SF 171 (Personal Qualification Statement) over-stamped "Processed under Section 3(a) E.O. 10450 (date)" by the Office of Personnel Management (OPM) NACI center will serve as evidence of an investigation.

(a) When the DA Form 873 contains the notation "PRP/surety

considered" in part III (Remarks), the results are devoid of potentially disqualifying information as determined by CCF.

(b) If the notation is lacking, some adverse information may exist in the file but the NAC is still considered favorable and the person may be placed in the CPRP without having to review the information.

(2) When necessary, a candidate whose favorable PSI is more than 5 years old may be assigned on an interim basis to a chemical duty position pending completion of a new PSI. This is provided--

(a) The candidate possesses a security clearance, if required for the position in question.

(b) There has been no break in active duty military service or DOD employment in excess of 2 years since the PSI was completed

(c) A request for a new PSI has been dispatched to DIS with a check in the block of the DD Form 398-2 (Personnel Security Questionnaire) entitled "PERS

RELIABILITY PROGRAM" and the word "CHEMICAL" typed or printed in the space immediately above, after "REASON FOR REQUEST."

(d) The other requirements of the CPRP screening process have been fulfilled.

(e) The candidate is not permitted to perform chemical duties under the two-person concept with another interim-certified individual.

(f) DA Form 5247-R (Request for Security Determination) is sent to Commander, CCF, ATTN: PCCF-MCO, Fort Meade, MD 20755-5250, if results of the new PSI are not received within 90 days of the date the request was sent. On the basis of the reply received from CCF, the certifying official will determine whether to continue or terminate the interim assignment.

b. Review of investigative files. Mandatory review of investigative files for chemical duty positions are not required, even when the "PRP/Surety Considered" notation is lacking on the DA Form 873. However, commanders and certifying officials may request that any

investigative files be made available for their review when they deem appropriate. (See AR 380-67.)

c. PSI time requirements.

(1) A PSI (NAC, NACI, or ENTNAC) must have been completed within the 5-year period immediately preceding initial assignment to a chemical duty position. If completed earlier, or if there has been a break in active duty military service or DOD employment of more than 2 years since the PSI was completed, a new PSI is required. Service as a military academy cadet, but not as a ROTC cadet, may be considered the same as active duty military service. For PSI requirements, DOD contractor employment with continuous access to classified information under the Industrial Security Program may be considered the same as DOD employment. Active duty for training (ADT) of Reservists may not be considered as active duty for this purpose.

(2) Additional PSIs

are not required as long as the member remains under the continuing evaluation aspects of the CPRP.

(3) A new investigation is required when there has been an intervening assignment to a non-CPRP position in excess of 5 years without a NAC being conducted. The 5-year interval begins at administrative termination and ends when part IV of the DA Form 3180 (Personnel Screening and Evaluation Record) is completed by the new certifying official. Duty in a nuclear PRP position (AR 50-5) is commensurate with duty in a chemical PRP position.

(4) A new investigation is required when significant derogatory or questionable information becomes available that cannot otherwise be resolved.

(5) If the candidate's records do not show previous CPRP assignment status and the certifying official determines by personal interview that the individual was in a CPRP (or PRP) position within the preceding 5-year

period, a new PSI is not authorized unless (4) above applies, or there has been a break in active duty military service or DOD employment of more than 2 years since the last PSI was completed.

(6) A "PRP/Surety Considered" annotated on the DA Form 873 does not relieve certifying officials of the responsibility to ensure the 5-year recency requirement is met.

d. Security clearance requirements. An individual in a chemical duty position must have a security clearance for access to defense information commensurate with the security classification of the material or information that he or she is required to know or use in the performance of the official duties of the position. Nothing in his chapter will be used to supersede or circumvent the policies and procedures of AR 380-67 concerning the clearance of personnel for access to such information.

Appendix R
Sample Formats for CNWDI Access and Briefing

R-1. Sample memorandum format for request for CNWDI.

OFFICE SYMBOL (380-150)

DATE

MEMORANDUM FOR U.S. Army Armor Center, ATTN:
ATZK-PTF-P, Fort Knox, Kentucky 40121-5000

SUBJECT: Request for Critical Nuclear Weapon Design Information (CNWDI)
Certification

1. Request below listed individual be certified for CNWDI:

- a. NAME/GRADE:
- b. SSAN:
- c. POSITION TITLE:
- d. UNIT/ACTIVITY OF ASSIGNMENT:
- e. SECURITY CLEARANCE/TYPE OF INVESTIGATION:
- f. DATE/COMMAND CLEARANCE LAST ACCEPTED:
- g. CITIZENSHIP:
- h. JUSTIFICATION:

2. Point of contact is _____, DSN 464-_____.

SIGNATURE BLOCK
Security Manager

R-2. Sample CNWDI Briefing Certificate

I, the undersigned, have read and understand the following:

a. AR 380-150, 15 August 1982, Access to and Dissemination of Restricted Data, requires that personnel requiring access to Critical Nuclear Weapon Design Information (CNWDI) be certified for access. Certification is limited to those who have established "NEED TO KNOW" for CNWDI and a final TOP SECRET or SECRET security clearance.

b. CNWDI is that TOP SECRET or SECRET restricted data that reveals the theory of separation or design of the components of a thermonuclear or implosion-type fission bomb, warhead, demolition munition, or test device. Access is limited to a minimum number of personnel.

c. You have been nominated for access to CNWDI, certified by an appropriate official as having the required "NEED-TO-KNOW" for that category of information, and determined to have an appropriate clearance for access to be granted.

d. Access to CNWDI entails additional responsibilities as well as special procedures. These are contained in paragraph 10, AR 380-150, and include special access, dissemination, and marking requirements. You should read and familiarize yourself with requirements set forth in AR 380-150, paragraph 10. It is particularly emphasized that CNWDI may be disseminated only to those individuals who have been fully authorized for access and have a verified "NEED-TO-KNOW".

e. Any questions regarding procedures governing access to, dissemination of, or safeguarding CNWDI should be referred to the Information Security/Disclosure Branch, Security Division, G3/DPTM, telephone 4-7186/7172.

(Name of Person Briefed) (SSN) (Signature) (Date) (Typed)

(Typed Name of Security Manager) (Signature)

Appendix S
Examples of Reportable Information

INCIDENTS, INFRACTIONS, OFFENSES, CHARGES, CITATIONS, ARRESTS, SUSPICION, OR ALLEGATIONS OF:

- Disloyalty to the United States.
- Acceptance and maintenance of dual citizenship.
- Criminal or dishonest conduct (i.e., shoplifting, malingering, child abuse, use of force, violence, use of weapons).
- Mental or emotional problems or instability.
- Financial problems or unexplained affluence (i.e., bad checks, letters of indebtedness, bankruptcy, evidence of living beyond the individual's means
- Drug/alcohol related incidents/abuse (i.e., self or command referral to drug/alcohol program, DUI/DWI, positive urinalysis, separation UP AR 635-200, chapter 9). Whenever the information is obtained through urinalysis testing, however, the information is NOT, repeat, NOT considered to be credible until a review of the positive results has been conducted by a physician assigned to perform medical review officer (MRO) functions IAW AR 600-85. Only after receipt of the MRO's findings and coordination with the local Staff Judge Advocate/Legal Advisor may the results be reported to CCF and the individual's access suspended.
- Falsification.
- Refusal to answer significant security questions and/or refusal to submit required periodic reinvestigation.
- Refusal to execute a Nondisclosure Agreement Standard Form 312.
- Sexual misconduct (i.e., indecent exposure, rape, indecent acts with a minor, window peeping, and adultery).
- Security violations/misconduct in security related areas.
- Foreign connections/vulnerability to blackmail.

Appendix T
Instructions for Completing DA Form 5248-R

-Acts that indicate poor judgment, irresponsibility, or untrustworthiness (i.e., AWOL/DRF, Article 15, court martial, driving while privileges are suspended, separation from U.S. Army UP Chapters 5 (arrest record), 7, 10, 11, 13, 14, & 15, AR 635-200.)

Item 1. Reporting Commander. Proper mailing address is:

Commander
U.S Army Armor Center
ATTN: ATZK-PTF-P
Fort Knox, Kentucky 40121-5000

Item 2. Unit Identification Code. The UIC to which clearance results will be sent is to be entered in this item. The correct UIC is: WOUXAA.

Item 3. Supporting Special Security Office. Enter the supporting SSO's UIC if the person has access to Sensitive Compartmented Information (SCI). Proper notation is: SSO KNOX - W1J138.

Item 4. Social Security Number. Enter the person's Social Security Number.

Item 5a. Name. LAST name of the person will be entered in CAPITAL letters, followed by the first name and middle initial. If no middle name (NMN), initial only (IO), or no middle initial (NMI), so state.

Full Hispanic and hyphenated last names must be indicted, for example RIVERA-RIVERA, Juan (NMN). Also, with Hispanic names, if the individual is referred to by only one of the hyphenated names, enter that name in the "Name" block and then enter the entire hyphenated names as reflected on the birth certificate in item 5b, "Aliases."

Item 5b. Aliases. Indicate all former names, maiden names, nicknames, names changed by court order, and other names which the person is or has been known by, to include variant spellings used. If none, so state.

Item 6a. Date of birth. Enter year, month, and day (i.e., 600707).

Item 6b. Place of birth. Enter the person's place of birth. If born in the United States, enter state of birth. Do not abbreviate. If born outside the United States, enter country of birth.

C1, USAARMC Pam 380-67 (12 Feb 98)

Item 7a. Rank. List the person's present rank or grade. For example, SGT or GS-05.

Item 7b. Status codes are in Item 18.

Item 8a. Indicate SUBJECT's MOS.

Item 8b: Place unit of assignment, company and also the directorate if individual is assigned to a directorate.

Item 9a. Current clearance. Enter level of security clearance annotated on DA Form 873. If there is no DA Form 873, however, SIDPERS data base reflects the fact that the individual was granted a security clearance, enter level of security clearance noted in the data base. If the entry was based on information reflected in the SIDPERS data base, place an asterisk preceding the entry (*SECRET) and qualify the fact in item 11a (lower portion of block), i.e., *Clearance data obtained from SIDPERS data base; DA Form 873 not available.

Item 9b. SCI. Check appropriate block. If the person has been indoctrinated by the Special Security Office for access to Sensitive Compartmented Information the "Yes" block should be checked.

Item 9c. Date granted. Indicate the year, month, and day the security clearance was granted as noted on the DA Form 873. If DA Form 873 is not in the MPRJ/OPF indicate "unknown" or "none," as applicable.

Item 9d. Date/type of investigation. Enter the year, month, and day the investigation was completed as well as the type of investigation as indicated on the person's DA Form 873 or in SIDPERS data base.

Item 10a. Type of report. Check appropriate block.

Item 10b: List all DA Form 5248-R's previously listed.

Item 11. Unit action taken. Check appropriate block.

a. Attached the original DA Form 873 if collateral access is formally suspended.

b. If the access was informally suspended, indicate in item 10 "Access not suspended" and in item 11b, indicate informal suspension."

c. If the clearance/access is revoked due to the person being incarcerated or dropped from the rolls as a deserter, stamp or print

across the face of the DA Form 873, "Revoked by authority of Commander, CCF--deserted (date)" or "Revoked by authority of Commander, CCF--incarcerated as a result of civil conviction or court-martial (date)". (As noted in paragraph 8-201a(6), AR 380-67 the Cdr, CCF may waive the due process requirements when a person is incarcerated by military or civilian authorities on conviction of a criminal offense, or when a person is dropped from the rolls as a deserter. In such instances, the commander must take IMMEDIATE action to withdraw the DA Form 873. Once the individual has returned to military control, the provisions of paragraph 8-201a(6) do NOT apply; the security clearance can be suspended but not revoked.)

Item 12a. Offense/Allegation.

a. Initial Report. Explain in detail the circumstances surrounding the basis for the report. Provide all amplifying information to enable an adjudicator to make a thorough and comprehensive security evaluation. Answer the basic interrogatives.

(1) What? Identify the incident, i.e., Aggravated assault.

(2) When? 2200 hours, 13 February 1994.

(3) Where? Enlisted Club Parking Lot, Fort Knox, KY.

(4) How? Subject stabbed and cut another soldier several times with a pocket knife.

If a copy of the Military Police Desk Blotter, Military Police or CID report is provided as an enclosure, you need only to state the offense and indicate pertinent information is enclosed (i.e., Aggravated assault. See enclosed MP Desk Blotter # XXX, entry # XXX, dated XXXX for details).

b. Follow-up/final report. Reference your initial DA Form 5248-R and the date thereof.

Item 12b. Action Taken. Indicate any and all action taken by the commander or appropriate authorities to resolve the incident (for example, conducting an inquiry or investigation).

a. If the incident was alcohol or drug related, provide results of subject's assessment/diagnosis as conducted by an alcohol and drug

enrollment in an Alcohol and Drug Awareness Education class, counseling or residential treatment), and success of treatment. If the incident involves the existence of a suspected or actual psychological problem, and the subject possesses a security clearance or occupies a sensitive position, a medical evaluation should be obtained unless subject's current DA Form 873 is annotated "DOSSIER REVIEW REQUIRED FOR CRITICAL NUCLEAR DUTY" (reference paragraph 3-8b, this pamphlet). The evaluation must be completed by competent medical authority (U.S. Military, U.S. Government employed, or contract psychiatrist (M.D.) and must include a diagnosis and prognosis of the individual's condition and be of sufficient scope to enable the evaluator to state whether the condition represents a possible defect in judgement, reliability, or stability.

b. If the subject does not possess a security clearance indicate in your initial report an approximate date the action will be completed, if applicable.

c. Do not repeat information in your follow-up report that was previously mentioned. Follow-up reports should contain only the current status of actions which were pending or any additional derogatory information that might have developed.

d. Final reports must contain complete details describing final disposition (i.e., Subject was found guilty of aggravated assault. Punishment imposed: 39 months confinement; reduced to E1; forfeiture of \$200.00 per month; and to receive a Bad Conduct Discharge.) A copy of the Article 15, Court-Martial, etc. should be enclosed. If enclosed, the narrative as noted above need not be listed (i.e., Subject was administered an Article 15 on 2 March 1993. A copy of the Article 15 is enclosed). If the subject is no longer assigned to your unit due to transfer, PCS, or discharge, etc., so state, and provide a copy of orders.

Item 12c. Commander's recommendation. If the subject possesses a security clearance the commander/supervisor must recommend retention, revocation, or reinstatement of the security clearance and provide his rationale. If the subject does not possess a security clearance annotate "N/A" in this block.

ITEM 13: REMARKS example (Local access has been suspended and the DA Form 873 is attached). Any additional remarks or information.

Item 14. Enclosures. Indicate and attach a copy of all investigations and/or inquiries, or final actions; for example, AR 15-6, orders, court-martial results, etc.

Item 15. Date. Indicate date prepared.

Item 16. Typed Name, Grade, Title and Autovon Number. Indicate signature block of person authorized to sign the form. Include your activity designation and the DSN for Security Division, G3/DPTM (DSN 464-1655/6471).

Item 17. Signature of Security Manager/Authorized Official. Ensure form is signed by authorized official. Information submitted on DA Form 5248-R are often used for unfavorable administrative action procedures such as revocation/denial of security clearance, denial of reenlistment, suspension or removal action, etc.; therefore, it is imperative that all personnel identifying data, circumstances, and disposition be correct and complete. DA Forms 5248-R and enclosures must be prepared in duplicate (original plus one copy). Sample DA Forms 5248-R are provided at figures T-1 thru T-2.

REPORT OF UNFAVORABLE INFORMATION FOR SECURITY DETERMINATION

For use of this form, see AR 380-28 and AR 380-67; the proponent agency is Deputy Chief of Staff for Intelligence

1. REPORTING COMMANDER CDR, USAARMC ATTN: ATZK-PTF-P Fort Knox, KY 40121-5000		2. UNIT IDENTIFICATION CODE WOUXAA	
4. SOCIAL SECURITY NUMBER 123-45-6789		5b. ALIASES (Former / Maiden name) RIVERA-RIVERA, Juan (NMN)	
5a. NAME (LAST, First, Middle) RIVERA, Juan (NMN)		3. SUPPORTING SPECIAL SECURITY OFFICE (Sensitive Compartmented Information Only) SSO Knox- W1J138	
6a. DATE OF BIRTH (Year, Month, Day) 1960 07 07	6b. PLACE OF BIRTH (State or Country) Puerto Rico	7a. RANK SSG	7b. STATUS (See Item 18) B
8a. MOS 96B	8b. UNIT OF ASSIGNMENT DOIM, Co B USAARMC		
9a. CURRENT CLEARANCE TOP SECRET	9b. SCI (Check appropriate box) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	9c. DATE GRANTED 930407	9d. DATE/TYPE OF INVESTIGATION 930105/SSBI
10a. TYPE OF REPORT (Check appropriate box) <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> FINAL			
10b. IF FOLLOW-UP OR FINAL REPORT, LIST DATES OF ALL PREVIOUS DA 5248-R'S			
11. UNIT ACTION TAKEN (Check appropriate box(ES)) <input checked="" type="checkbox"/> SCI ACCESS SUSPENDED <input checked="" type="checkbox"/> COLLATERAL ACCESS SUSPENDED (DA Form 873 Forwarded) <input type="checkbox"/> ACCESS NOT SUSPENDED			
12. BASIS OF REPORT (PROVIDE A BRIEF EXPLANATION, ANSWER WHO, WHAT, WHERE AND WHEN)			
a. OFFENSE/ALLEGATION Aggravated assault, 960213, Fort Knox, KY (see enclosed MPR#09876-97, entry #3 for details).			
b. ACTION TAKEN/FINAL DISPOSITION SM placed in pre-trial confinement CID conducting investigation.			
c. COMMANDER'S RECOMMENDATION Recommendation will be provided in final report.			
13. REMARKS Local access has been suspended and the DA Form 873 is attached.			
14. ENCLOSURES MPR# 09876-97, DA Form 873			
15. DATE 971031	16. TYPED NAME, GRADE, TITLE, AND DSN NO. Wallace G. Smith, SFC Security Manager, DOIM, DSN 464-1655/6741	17. SIGNATURE OF SECURITY MANAGER/AUTHORIZED OFFICIAL	

18. STATUS CODES

B - ACTIVE ENLISTED
C - ACTIVE OFFICER
D - RESERVE ENLISTED
E - RESERVE OFFICER
F - ARNG ENLISTED
G - ARNG OFFICER
H - DA CIVILIAN

K - CONTRACTOR
L - GENERAL OFFICER
M - ROTC CADET
N - USAMA CADET
R - CIVILIAN (TEMP/CO-OP)
U - FOREIGN NAT EMP
X - OFFICER CANDIDATE

Z - UNKNOWN
2 - DOD CIVILIAN AND ACTIVE RESERVE *
3 - DOD CIVILIAN AND INACTIVE RESERVE *
4 - DOD CIVILIAN AND ARNG *
5 - ACTIVE WARRANT OFFICER
6 - RESERVE WARRANT OFFICER
7 - ARNG WARRANT OFFICER

* FOR STATUS CODES 2, 3, AND 4, PROVIDE 2D UIC AND/OR UNIT OF ASSIGNMENT IN REMARKS BLOCK

REPORT OF UNFAVORABLE INFORMATION FOR SECURITY DETERMINATION

For use of this form, see AR 380-28 and AR 380-67; the proponent agency is Deputy Chief of Staff for Intelligence

1. REPORTING COMMANDER CDR, USAARMC ATTN: ATZK-PTF-P Fort Knox, KY 40121-5000		2. UNIT IDENTIFICATION CODE WOUXAA																						
4. SOCIAL SECURITY NUMBER 123-45-6789		3. SUPPORTING SPECIAL SECURITY OFFICE (Sensitive Compartmented Information Only) SSO Knox- W1J138																						
5a. NAME (LAST, First, Middle) RIVERA, Juan (NMN)		5b. ALIASES (Former / Maiden name) RIVERA-RIVERA, Juan (NMN)																						
6a. DATE OF BIRTH (Year, Month, Day) 1960 07 07	6b. PLACE OF BIRTH (State or Country) Puerto Rico	7a. RANK SSG	7b. STATUS (See Item 18) B																					
8a. MOS 96B	8b. UNIT OF ASSIGNMENT DOIM, Co B USAARMC																							
9a. CURRENT CLEARANCE TOP SECRET	9b. SCI (Check appropriate box) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	9c. DATE GRANTED 930407	9d. DATE/TYPE OF INVESTIGATION 930105/SSBI																					
10a. TYPE OF REPORT (Check appropriate box) <input type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW-UP <input checked="" type="checkbox"/> FINAL																								
10b. IF FOLLOW-UP OR FINAL REPORT, LIST DATES OF ALL PREVIOUS DA 5248-R'S																								
11. UNIT ACTION TAKEN (Check appropriate box(ES)) <input checked="" type="checkbox"/> SCI ACCESS SUSPENDED <input checked="" type="checkbox"/> COLLATERAL ACCESS SUSPENDED (DA Form 873 Forwarded) <input type="checkbox"/> ACCESS NOT SUSPENDED																								
12. BASIS OF REPORT (PROVIDE A BRIEF EXPLANATION, ANSWER WHO, WHAT, WHERE AND WHEN) a. OFFENSE/ALLEGATION Reference initial DA Form 5248-R, dated 971031.																								
b. ACTION TAKEN/FINAL DISPOSITION SM was found guilty of aggravated assault. Punishment imposed: 39 months confinement; reduced to E1; forfeiture of \$200.00 per month; and to receive a Bad Conduct Discharge. SM PCS's to US Disciplinary Barracks, Ft Leavenworth, KS on 980115. No discharge orders until confinement is completed.																								
c. COMMANDER'S RECOMMENDATION SM's SCI access and collateral security clearance should be revoked.																								
13. REMARKS The DA Form 873 was forwarded on 971031.																								
14. ENCLOSURES Results of the General Court Martial, PCS Orders.																								
15. DATE 971031	16. TYPED NAME, GRADE, TITLE, AND DSN NO. Wallace G. Smith, SFC Security Manager, DOIM, DSN 464-1655/6741		17. SIGNATURE OF SECURITY MANAGER/AUTHORIZED OFFICIAL																					
18. STATUS CODES																								
<table border="0"> <tr> <td>B - ACTIVE ENLISTED</td> <td>K - CONTRACTOR</td> <td>Z - UNKNOWN</td> </tr> <tr> <td>C - ACTIVE OFFICER</td> <td>L - GENERAL OFFICER</td> <td>2 - DOD CIVILIAN AND ACTIVE RESERVE *</td> </tr> <tr> <td>D - RESERVE ENLISTED</td> <td>M - ROTC CADET</td> <td>3 - DOD CIVILIAN AND INACTIVE RESERVE *</td> </tr> <tr> <td>E - RESERVE OFFICER</td> <td>N - USAMA CADET</td> <td>4 - DOD CIVILIAN AND ARNG *</td> </tr> <tr> <td>F - ARNG ENLISTED</td> <td>R - CIVILIAN (TEMP/CO-OP)</td> <td>5 - ACTIVE WARRANT OFFICER</td> </tr> <tr> <td>G - ARNG OFFICER</td> <td>U - FOREIGN NAT EMP</td> <td>6 - RESERVE WARRANT OFFICER</td> </tr> <tr> <td>H - DA CIVILIAN</td> <td>X - OFFICER CANDIDATE</td> <td>7 - ARNG WARRANT OFFICER</td> </tr> </table>				B - ACTIVE ENLISTED	K - CONTRACTOR	Z - UNKNOWN	C - ACTIVE OFFICER	L - GENERAL OFFICER	2 - DOD CIVILIAN AND ACTIVE RESERVE *	D - RESERVE ENLISTED	M - ROTC CADET	3 - DOD CIVILIAN AND INACTIVE RESERVE *	E - RESERVE OFFICER	N - USAMA CADET	4 - DOD CIVILIAN AND ARNG *	F - ARNG ENLISTED	R - CIVILIAN (TEMP/CO-OP)	5 - ACTIVE WARRANT OFFICER	G - ARNG OFFICER	U - FOREIGN NAT EMP	6 - RESERVE WARRANT OFFICER	H - DA CIVILIAN	X - OFFICER CANDIDATE	7 - ARNG WARRANT OFFICER
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H - DA CIVILIAN	X - OFFICER CANDIDATE	7 - ARNG WARRANT OFFICER																						
* FOR STATUS CODES 2, 3, AND 4, PROVIDE 2D UIC AND/OR UNIT OF ASSIGNMENT IN REMARKS BLOCK																								

Appendix U

Sample Formats When Access to Classified Information is Suspended

U-1. Sample memorandum for removal of DA Form 873 from personnel file.

OFFICE SYMBOL (380-67)

Date

MEMORANDUM FOR Civilian Personnel Office, ATTN: Employment and
Records Branch

or

G1/Adjutant General, ATTN: Enlisted Records/Officer
Records

SUBJECT: Removal of DA Form 873, Certificate of Clearance and/or
Security Determination, from the Personnel File

1. Reference AR 380-67, paragraph 8-102b.
2. SUBJECT's DA Form 873 has been removed from his personnel file and forwarded to the Commander, U.S. Army Central Personnel Security Clearance Facility (CCF).
3. Point of contact is _____, 4-_____.

SIGNATURE BLOCK
Security Manager, Unit/Activity

U-2. Sample memorandum for suspension of access to classified information.

OFFICE SYMBOL (380-67)

Date

MEMORANDUM FOR LAST NAME, First Name, Middle Initial, RANK, SSN,
Unit of Assignment

SUBJECT: Suspension of Access to Classified Information

1. Reference AR 380-67, paragraph 8-102, Department of the Army Personnel Security Program Regulation.

2. You are hereby notified that your access to classified defense information has been suspended pending adjudication and a final security determination by the Commander, U.S. Central Personnel Security Clearance Facility (CCF). This action is based upon the following information which raises serious questions as to your ability or intent to protect classified information:

(Summarize all unfavorable information used as a basis for the suspension.)

3. You are directed to acknowledge receipt of this memorandum by signing and dating the enclosed formatted response.

4. You will be notified as expeditiously as possible of CCF's final determination.

5. Point of contact:

AUTHORITY LINE:

Encl

SIGNATURE BLOCK
Cdr/S2/Scty Mgr

FOR OFFICIAL USE ONLY

This document contains information EXEMPT
from mandatory disclosure under the FOIA.

OFFICE SYMBOL (380-67)

Date

MEMORANDUM FOR S2, UNIT DESIGNATION

SUBJECT: Receipt of Acknowledgment

1. I, (Print full name and SSN), acknowledge that I have been informed in writing that my access to classified defense information was suspended and the basis thereof.

2. I understand that I am not authorized any access to classified defense information unless notified by my commander or S2/security manage that a favorable determination was made by the Cdr, CCF.

RANK/SIGNATURE

DATE

CF:

G3/DPTM, ATTN: ATZK-PTF-P

Appendix V
Sample Statement of Rebuttal Guidelines

V-1

1. The following guidelines are provided for use in preparing your statement of rebuttal:

a. Explain, rebut, refute, or mitigate each incident or issue raised in CCF's letter of intent (LOI). Provide all relevant and extenuating circumstances surrounding the incident to include conditions which directly or significantly contributed to your conduct (such as divorce action, death in family, severe provocation, immaturity due to your age at the time of the incident).

b. Be specific, provide substantiating documentation, if available (i.e., receipts, medical reports, court files, character testimonies, etc.), and write your statement so as to portray your conduct in a more favorable light. Appendix I to AR 380-67 indicates various circumstances which may mitigate disqualifying information. It would be to your advantage to familiarize yourself with the mitigating factors and mention all factors in your statement of rebuttal which apply.

c. Provide information that would attest to your loyalty, reliability, and trustworthiness. Back this up with letters of recommendations from employers, supervisors, friends, etc. Letters of recommendations should indicate how long the individual has known you; what type of person you are; whether they feel you are trustworthy and responsible enough to be entrusted with classified information.

d. Describe all actions you have taken to change your conduct or behavior. Include a personal assurance that you will not involve yourself in the future in any action that could cast doubt on your loyalty, reliability, or trustworthiness.

2. This proposed action should not be treated lightly. An unfavorable determination could have very serious repercussions. You may seek legal assistance, however, any cost incurred would be at your own expense. Military personnel may seek advice from Legal Assistance Office, Staff Judge Advocate (4-2771).

3. You have 50 days from the date of acknowledgment to submit your rebuttal to the Security Division, G3/Directorate of Plans, Training and Mobilization. This will allow 10 extra days to ensure the action is received at CCF within the 60 day suspense period they assigned. Should you decide not to submit a statement of rebuttal, please notify your unit security manager immediately.

V-1

4. Your statement of rebuttal must be signed by you and endorsed by your chain of command. Your commander must recommend whether your security clearance should be denied, revoked, or restored and provide his rationale, addressing the issues outlined in the LOI. Any response that does not include your commander's recommendation will be returned. If you have engaged an attorney for legal advice and assistance, it is still your responsibility for preparation, signing, and submitting your statement to your company commander. Your statement should be turned in to your company commander for comments within approximately 43 days of receipt of acknowledgment. It is to your advantage to keep a copy of all correspondence you have prepared and received pertaining to your LOI.

5. If you require an extension of the suspense date contact your unit security manager. Be prepared to provide justification for the extension and an expected completion date.

6. If you need any assistance feel free to contact _____, your unit security manager, 4-_____, or any representative of the Personnel Security Branch, G3/Directorate of Plans, Training, and Mobilization, 4-1655/6741.

7. A sample format is attached.

S-A-M-P-L-E

OFFICE SYMBOL (380-67a)

Date

MEMORANDUM THRU

Commander, (your unit of assignment)

Commander, (battalion designation)

Commander, (brigade designation)

Commander, U.S. Army Armor Center and Fort Knox, ATTN: ATZK-PTF-P
Fort Knox, Kentucky 40121-5000

FOR Commander, U.S. Army Central Personnel Security Clearance
Facility, ATTN: PCCF-A, Fort George G. Meade, Maryland
20755-5250

SUBJECT: Statement of Rebuttal - Indicate your LAST NAME, First
name, Middle initial, Rank, Social Security Number, Unit of
Assignment

1. Reference memorandum, CCF, PCCF-A (date of memorandum),
subject: (type as appears in memorandum).

2. Start your memorandum by addressing each issue raised in
CCF's LOI.

a.

b. etc.

3. Finalize your action by explaining your rationale as to why
you should be allowed to retain or be granted a security
clearance.

Encls

1. list enclosures
2. etc.

(Signature)
SIGNATURE BLOCK
RANK

FOR OFFICIAL USE ONLY

Appendix W

Report of Foreign Travel, TRADOC Form 227-R

REPORT OF FOREIGN TRAVEL (MOI, AHS-5, HQ TRADOC, 20 SEP 89, SUBJ: REPORT OF FOREIGN TRAVEL)		
PRIVACY ACT STATEMENT THIS FORM CONTAINS PRIVACY ACT DATA. AUTHORITY: 10 U.S. CODE 3012. PURPOSE: To give us information pertaining to your foreign travel plans; and to assist us in gathering information from you during your debriefing that will be conducted within 15 days after your return. ROUTINE USE: It will be used as a record of all travel to foreign countries. MANDATORY OR VOLUNTARY INFORMATION: This information is voluntary. Failure to provide this information may result in an adverse personnel security action.		
NAME/GRADE	SSN	UNIT/ACTIVITY
IN ACCORDANCE WITH AR 380-67, PERSONNEL SECURITY PROGRAM, DATED SEP 88, MY FOREIGN TRAVEL PLANS ARE AS FOLLOWS:		
COUNTRY TO BE VISITED:	DATES (FROM - TO):	MODE OF TRAVEL
PURPOSE OF MY VISIT:		
CONTACT PERSON(S) AT MY DESTINATION(S) ARE AS FOLLOWS:		
NAME	ADDRESS	TELEPHONE NUMBER
FOREIGN TRAVEL BRIEFING CONDUCTED (IF APPLICABLE)		
DATE	BY (Include Name and Title)	
THE INFORMATION SUBMITTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I MUST REPORT FOR A TRAVEL SECURITY DEBRIEFING WITHIN 15 DAYS AFTER MY RETURN IF TRAVEL IS TO OR THROUGH A DESIGNATED COUNTRY.		
SIGNATURE		DATE
WITNESS		DATE

TRADOC FORM 227-R, SEP 89

83-11

POST TRAVEL BRIEFING					
IN ACCORDANCE WITH AR 380-67, PERSONNEL SECURITY PROGRAM, DATED SEP 88, THE FOLLOWING INFORMATION IS PROVIDED IN RELATION TO TRAVEL PERFORMED AS RECORDED ON THE FRONT OF THIS FORM.					
			YES	NO	
1	WERE YOU SUBJECTED TO QUESTIONS REGARDING YOUR DUTIES?				
2	WERE YOU REQUESTED TO PROVIDE ANY MILITARY INFORMATION?				
3	WERE YOU THREATENED, COERCED, OR PRESSURED IN ANY WAY TO COOPERATE WITH A FOREIGN INTELLIGENCE SERVICE?				
4	DID YOU HAVE ANY CONTACT WITH PERSONS WHOM YOU KNOW OR SUSPECTED OF BEING A MEMBER OF A FOREIGN INTELLIGENCE OR SECURITY SERVICE?				
5	DID YOU COME IN CONTACT WITH ANY FOREIGN MILITARY OR POLICE ORGANIZATIONS?				
6	DID YOU COME IN CONTACT WITH ANY DESIGNATED COUNTRY OFFICIALS?				
7	DID ANYONE SHOW UNDUE KNOWLEDGE OR CURIOSITY ABOUT YOU?				
8	DID ANYONE ATTEMPT TO OBTAIN CLASSIFIED OR UNCLASSIFIED INFORMATION FROM YOU?				
9	DID ANYONE ATTEMPT TO ESTABLISH ANY TYPE OF FRIENDSHIP OR SOCIAL OR BUSINESS RELATIONSHIP WITH YOU THAT YOU WOULD CONSIDER OUTSIDE THE RANGE OF NORMAL OFFICIAL DUTIES?				
10	DO YOU HAVE ANY FURTHER INFORMATION IN REGARDS TO YOUR TRAVEL THAT YOU FEEL SHOULD BE REPORTED?				
11	IF YOU ANSWERS YES TO ANY OF THE ABOVE QUESTIONS, HAVE YOU REPORTED THE INCIDENT(S) TO ANYONE?				
12	THE INCIDENT WAS REPORTED TO	ACTIVITY	INDIVIDUAL'S NAME	DATE REPORTED	
ADDITIONAL SPACE FOR COMMENTS					
SIGNATURE				DATE	
WITNESS				DATE	

DA FORM 2962
1 SEP 77

OUTLINE OF GENERAL CONTENT ORAL SECURITY DEBRIEFING

(Part of Security Termination Statement)

1. **PURPOSE OF DEBRIEFING.** a. To establish that the individual does in fact understand the implications, to national security, and to him/her self, of the statutes and regulations which he/she has read.
b. To emphasize to the individual that he/she was afforded access to classified information solely because of his/her "need-to-know" in the performance of official duties; that this information was entrusted, as well as officially charged to him/her; and that his/her impending separation, in no way lessens his/her responsibilities - and liabilities - for ensuring that the classified knowledge acquired is not divulged in any manner to an unauthorized person or agency.
2. **SERIOUS NATURE OF THE SUBJECT MATTER WHICH REQUIRES PROTECTION.** Emphasize to the individual that classified information is defined and described in the pertinent statutes and regulations which he/she has read. As an illustration, cite the fact that *SECRET* defense information is "information or material the unauthorized disclosure of which *COULD RESULT IN SERIOUS DAMAGE TO THE NATION*". Where the individual has had access to *TOP SECRET*, *RESTRICTED DATA*, compartmented information, cite the specific definition(s) and description(s) and emphasize that such material is even more serious in nature.
3. **NEED FOR CAUTION AND DISCRETION.** a. Emphasize to the individual that the responsibility is *HIS/HER's* to specifically establish that a person or agency requesting any classified information is officially authorized (*NEED-TO-KNOW*) that information; that if he/she is leaving the service (*includes civilian employees*), absolutely no other person or agency is authorized the classified information.
b. Emphasize to the individual that the mere fact that he/she reads a news article which appears to contain classified information in no way authorizes him/her to confirm or deny the item. Explain that good "guesses" frequently are reflected by the news media, but bad "guesses" and incorrect information also are included.
c. Caution the individual that history records a number of cases involving unauthorized disclosures in clubs and at social gatherings which have been reported and which resulted in punitive action.
4. **SUMMARY.** Specifically ask the individual if he understands what he/she has read and what he/she is about to sign. Based on his/her response (*and questions he/she may raise*) re-emphasize the content of the Security Termination Statement.

Appendix Y

How to Request an Investigative File Through the Freedom of Information/Privacy Act

1. CCF is not a files repository. Once a security clearance determination is made the case file is destroyed. If there are documents CCF wants to retain, such as derogatory information, rebuttals, wavier packets, etc., it is sent to the Army Investigative Records Repository (AIRR).

2. The Freedom of Information/Privacy Act allows an individual access to his investigative file(s). If an individual wants a copy of his AIRR dossier, he must forward a letter per instructions provided in paragraph 9-201b(2), AR 380-67 to:

Freedom of Information and Privacy
Office Central Security Facility
Central Security Facility
4552 Pike Road
Fort George G. Meade, MD 20755-5995

3. If an individual wants a Defense Investigative Service (DIS) dossier, he can either submit the request on DIS Form 30, Request for Notification of Access to Personal Records (copy of the form is provided at figure Y-1) or send a letter with full name, maiden name and other names used or known by, social security number, date and place of birth, and status (U.S. Army/DA civilian). Note that in either case, the individual must have his signature notarized by a commissioned officer or another notary. Without a notarized signature, DIS will not act on the request. Send the request to:

Defense Investigative Service
Personnel Investigations Center
P.O. Box 1211
ATTN: D0020
Baltimore, MD 21203-1211

4. If an individual is due a PR and cannot find a copy of his prior DD Form 398, he may request that form only be reproduced from his file and sent to him. Turn around time on the request varies. Average time to review and send a copy of the entire file is approximately 60 days; average time for only a copy of the DD Form 398 is approximately 2 weeks. When requesting dossiers, the individual must provide a complete mailing address so the agencies know where to send the information.

Appendix Y

5. If unsure of what dossiers exist, an individual may submit a privacy act request to either DIS or INSCOM requesting all available security and investigative files pertaining to him. Whatever agency receives the request will forward the dossier they hold and notify other DOD agencies of the individual's request. A time sensitive request can be faxed provided the original letter is subsequently sent in the mail. The fax number for the US Army Intelligence and Security Command is DSN 923-2956; Defense Investigative Service is commercial (410) 631-0159 or (410) 633-2103.